

Daniel Myer, M.D

Rehab Protocol



ACL Reconstruction *without meniscus repair* (i.e.- isolated ACLR +/- partial meniscectomy)

***** Please follow MOON protocol for specifics ... this just clarifies weight-bearing, ROM and brace use***

Phase 1: Immediate post-op Weeks 1-2	<ul style="list-style-type: none">• WBAT locked straight – crutches for support<ul style="list-style-type: none">- Discontinue crutches as comfort & gait safety allows- This restriction is for home guidance, but encourage out of brace ambulation in PT clinic• Sleep with brace locked straight first week, then ok to progress out of for patient comfort• Encourage full NWB ROM, active & passive• Bike for ROM, not for cardio• Encourage patellar glides, SLR / quad sets, hip add / abd• NMES unit for quad recruitment• **OK to start WB flexion 0-30 as quad control improves
Phase 2 Weeks 3-4	<ul style="list-style-type: none">• WBAT with brace 0-30 at a minimum• Progressively unlock 30 degrees per week• Brace: Goal is to d/c brace by 4 weeks post-op• Bike for ROM and early cardio• NMES unit for quad recruitment• Scar management with Vitamin E oil
Phase 3 and beyond	<ul style="list-style-type: none">• Progress with MOON protocol or equivalent (per PT)

General ACL Graft Principles:

-ACLR with allograft: progress with WB flexion early as quad control allows; start hamstring (HS) activities (stretches, ROM, strengthening) as comfort allows

-ACLR with quad autograft: no restrictions in quad ROM and strengthening (pain and control typically improves around 3-5 week mark); start HS activities as comfort allows

-ACLR with hamstring autograft: HS stretching ok at 3-4 weeks and HS strengthening at 6-8 weeks

-ACLR with patellar tendon autograft: same as quad autograft in general; anterior knee pain / quad weakness persists longer than allograft / quad auto / HS auto