CRYSTAL CLINIC Daniel Myer, M.D Rehab Protocol **ACL Reconstruction** with meniscus repair ** Please follow MOON protocol for specifics ... this just clarifies weight-bearing, ROM and brace use ** Bucket-handle repairs will go slower with WB flexion progression (4 weeks locked, then progress) ** Root repairs & radial repairs will be strict NWB x 6 weeks, ROM per Root Repair Protocol Routine simple repair: WBAT locked straight x 2 weeks - Discontinue crutches as comfort & gait safety allows - Sleep with brace locked straight first week, then D/C Phase 1: Immediate post-Encourage NWB ROM 0-90, active and passive Bike for ROM, not for cardio Weeks 1-2 Encourage patellar glides, SLR / quad sets, hip add / abd NMES unit for quad recruitment Routine repair: WBAT 0-30; progress 30 degrees per week Discontinue brace as quad control improves (Goal is to d/c by Phase 2 4 weeks) ... but no WB flexion beyond 90 x 6 weeks Weeks 3-6 Full NWB ROM; Bike for ROM; routine NMES Scar management with Vitamin E oil **Full WBAT** Phase 3 From 6 weeks to 3 months ... ok WB in flexion beyond 90 Beyond 6 weeks degrees, but no deep resistance Beyond 3 months ... ok full WB flexion with resistance 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