Daniel Myer, M.D Rehab Protocol	CRYSTAL CLINIC ORTHOPAEDIC CENTER 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
Immediate post-op Week 1	 Immediate WBAT locked straight – prn crutches for support Start to WB 0-30/0-60 in brace as pain allows (encourage within first couple days post-op)** Discontinue crutches as comfort & gait safety allows This restriction is for home guidance, but encourage out of brace ambulation in PT clinic Brace – Only needed when sleeping during 1st week then D/C 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 * Goal is to start WB flexion ASAP ** Note – Allograft ACLR only need brace w/ WB the 1st Week Autograft ACLR may need until 3rd Week
Weeks 2-4	 Push WBAT with brace unlocked 0-60 during Week 2. Unlock to 90 during Week 3 or ASAP Brace – Not needed during sleep. Goal is to D/C by Week 3 Bike for ROM and early cardio NMES unit for quad recruitment Scar management with Vitamin E oil
Months 2-12	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