ACL REHABILITATION PROTOCOL  
(with meniscus repair)  
(WITHOUT MICROFRACTURE, EXCEPT RADIAL TEARS OR ROOT AVULSION)  

Dr. Bienz  
(05/16)  

I. Preoperative  
  a. Rest, ice, compression, elevation  
  b. NSAID, pref. Celebrex 200mg BID-2 if early surgery planned  
  c. Bledsoe style brace for concomitant gr III MCL injury if present  
  d. Fit with functional brace, CTi2 or equivalent, preop use recommended  
  e. AROM to regain full mobility, call MD if mechanical block, if there is a known  
     displaced meniscus tear, no ROM therapy, earlier operation planned  
  f. Quad isometrics  
  g. WBAT if no locked meniscus and no gross osteochondral injury  
  h. Preop formal P.T. optional but useful to speed readiness of knee for surgery  

DOS:  

II. First postop week, begin POD #1  
  a. Rest, ice compression wrap, elevation  
     i. Dressing change ok after POD #2  
     ii. Elevation with knee in maximal extension optimal as much as tolerated  
         (i.e. pillows under calf or heel, not knee crease)  
  b. Ankle AROM as much as possible  
  c. Quad isometrics with knee in full passive extension  
  d. Straight leg raise ok in brace only (locked in full extension)  
  e. Gastroc isometrics  
  f. Patellar mobilization as soon as pain permits  
  g. Supine heel slides with terminal stretch to increase flexion to full, avoid end  
     range passive stretching in flexion  
  h. Sit and allow knee flexion over edge of table to facilitate flexion to 90° (but not beyond)  
  i. Supine knee passive extension with wedge under heel to promote full  
     hyperextension  
  j. Gait training WBAT with brace locked in full extension  
  k. Must sleep in brace  

III. Second through fourth postop weeks Begin Date:  
  a. Same as first week, primary emphasis on increasing ROM (full hyperextension)  
  b. Continue crutches with brace locked at 0, WBAT  
  c. Add supine SLR out of brace when able to do so with no extensor lag  
  d. Side lying SLR begins  
  e. Must sleep in brace  

IV. Weeks five through six Begin Date:  
  a. Progress ROM to full, including flexion  
  b. Rehab brace open 0 to 90°, may wean from nighttime brace use as tolerated  
  c. More aggressive patellar mobilization
d. May begin stationary cycle, no resistance
e. Progress to full WBAT
f. Transition to functional knee brace at 6 weeks postop if swelling permits

V. Weeks seven through twelve Begin Date: _______________________
   a. Continue aggressive terminal stretching, should be full AROM early in this
time frame (except possibly full flexion)
b. Begin treadmill, add incline progressively up to 7-10°, backwards treadmill ok
c. Gradually increase resistance and endurance on stationary cycle
d. Light sport cord or theraband resisted closed kinetic chain resistance training
e. May transition to high rep, low resistance weight training after 2 full months
   postop, if motion full. No open chain knee extension, no flexion greater than 90°
during strength exercises
f. Quarter squats ok, no knee flexion angle greater than 90°
g. Continue functional knee brace full time except sleep
h. Begin stork stands for proprioception

VI. Weeks twelve through sixteen Begin Date: _______________________
   a. As above for stretching
b. Increases resistance training, closed chain. Lunges, leg press, calf press,
   mini-squats, HS curls
c. Sport cord resisted forward, backward, and lateral movement
d. May cycle outside in brace (road only, must remain seated in saddle)
e. Light jogging in brace
f. Add slide board and advanced proprioceptive training
g. No brace needed except for workouts
h. May begin golfing in brace (chip and putt)
i. Increase intensity and duration of cardio training
j. Stair stepper, precor, cardioglide ok

VII. Weeks seventeen through twenty-four Begin Date: _______________________
    a. Add plyometrics
b. Hill training with jogging and bicycle
c. Figure 8 runs, controlled intro to cutting maneuvers and sport specific activities
   in noncontact, noncompetitive environment
d. Advanced strength, proprio and cardiovascular conditioning

VIII. Return to sport criteria Begin Date: _______________________
     a. MD clearance
b. Sports test 20/21 or better
c. Single leg hop equal to contralateral
d. Adequate stability on ligament testing
e. No significant effusions or mechanical symptoms
f. Completed sport-specific functional progression
g. Functional knee brace for contact sports, jumping and landing or cutting and
twisting until 1 year postop, then D/C