The rehabilitation guidelines are presented in a criterion based progression. Specific time frames, restrictions and precautions are given to protect healing tissues and the surgical repair/reconstruction. General time frames are also given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity.

Specific attention must be give to impairments that caused the initial problem. For example if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

**ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:**

- Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night— instruct patient/family member how to don/doff stocking
  - May discharge when no swelling or effusion— typically 3-4 weeks p/o
- Stress early knee extension. Should reach full knee ext by 2 weeks post-op.
- Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.

**PHASE I (Surgery to 6 weeks), Begin Date:**

<table>
<thead>
<tr>
<th>APPOINTMENTS</th>
<th>Meet with the Physician at: Begin Physical Therapy 3-5 days post-op, meet ~1x week.</th>
</tr>
</thead>
<tbody>
<tr>
<td>REHAB GOALS</td>
<td>1. Protection of the post-surgical knee. 2. Restore normal knee extension. 3. Eliminate effusion. 4. Restore leg control</td>
</tr>
<tr>
<td>PRECAUTIONS</td>
<td>1. Must wear the brace locked in extension for all weight bearing activities x 6 weeks 2. Use axillary crutches for normal gait. 3. Do not flex the knee past 90°</td>
</tr>
<tr>
<td>ROM EXERCISES</td>
<td>Knee extensions on a bolster Prone hangs Supine wall slides to 90° Heel slides to 90°</td>
</tr>
<tr>
<td>SUGGESTED THERAPEUTIC</td>
<td>Quad sets</td>
</tr>
</tbody>
</table>
EXERCISE

SLRs
4-way leg lifts in standing with brace on for balance and hip strength
Patellar mobs 2 weeks
Scar mobs 4-6 weeks when adequate healing

CARDIOVASCULAR EXERCISE

Upper body circuit training or UBE

PROGRESSION CRITERIA

1. Pain free gait using locked brace without crutches
2. No effusion
3. Knee flexion to 90° (until after 6 weeks) unless with ACL, than 4 weeks

PHASE II (begin at 6 weeks), Begin Date: ________________________
Ambulation with brace locked in full extension until 6 weeks post op.

APPOINTMENTS

Meet with the Physician at:
Physical therapy 1x every 1-2 weeks.

REHAB GOALS

1. Single leg stand control
2. Normalize gait
3. Good control and no pain with functional movements, including step up/down, squat, partial lunge (staying less than 60° of knee flexion).

PRECAUTIONS

1. Continue brace locked in extension with WB’ing x 6 weeks post-op
2. No forced flexion-as in PROM flexion or weight bearing activities that push past ~60° of knee flexion (beginning at 6 weeks po)
3. Avoid post-activity swelling.
4. No impact activities.

SUGGESTED THERAPEUTIC EXERCISE

Non-impact balance and proprioceptive drills
Stationary bike
Gait drills
Hip and core strengthening
Stretching for patient specific muscle imbalances
Quad strengthening—closed chain exercises short of 60° knee flex

CARDIOVASCULAR EXERCISE

Non-impact endurance training; stationary bike, Nordic track, swimming, deep water run, cross trainer

PROGRESSION CRITERIA

1. Normal gait on all surfaces
2. Ability to carry out functional movements without unloading affected leg or pain, while demonstrating good control.

PHASE III (begin after meeting phase II criteria, ~3 months) Begin Date:

<table>
<thead>
<tr>
<th>APPOINTMENTS</th>
<th>Meet with the Physician at: Physical therapy 1x every 1-2 weeks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>REHAB GOALS</td>
<td>1. Good control and no pain with sport and work specific movements, including impact.</td>
</tr>
</tbody>
</table>
| PRECAUTIONS  | 1. Post-activity soreness should resolve within 24 hours  
           2. Avoid post-activity swelling.  
           3. Avoid posterior knee pain with end range flexion. |
| SUGGESTED THERAPEUTIC EXERCISE | • Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot.  
                                   • Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities.  
                                   • Sport/work specific balance and proprioceptive drills  
                                   • Hip and core strengthening  
                                   • Stretching for patient specific muscle imbalances |
| CARDIOVASCULAR EXERCISE | Replicate sport or work specific energy demands. |
| RETURN TO SPORT/WORK CRITERIA | 1. Dynamic neuromuscular control with multi-plane activities, without pain or swelling. |

If ACL reconstruction with meniscal repair continue to weight bear in full extension until 6 weeks post op.

Last updated 3/21/18