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 given 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**

<table>
<thead>
<tr>
<th>SLRs</th>
<th>4-way leg lifts in standing with brace on for balance and hip strength</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patellar mobs 2 weeks</td>
</tr>
<tr>
<td></td>
<td>Scar mobs 4-6 weeks when adequate healing</td>
</tr>
</tbody>
</table>

**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 |

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**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:**

| APPOINTMENTS | Meet with the Physician at:  
| Physical therapy 1x every 1-2 weeks. |
| REHAB GOALS | 1. Good control and no pain with sport and work specific movements, including impact. |
| 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