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**REHAB PROTOCOL: ACL Reconstruction with Bone-Patella Tendon-Bone or
Quadriceps Autograft and Meniscal Repair**

Name:_____ **Date:**_____ -

Diagnosis:_____ **Date of Surgery:**_____

Phase I (Weeks 0-4)

Weightbearing: As tolerated with crutches (unless specified in comment section)

Hinged Knee Brace:

- Locked in full extension for ambulation and sleeping (**Weeks 0-1**)
- Locked for ambulation and removed while sleeping (**Weeks 1-4**)

Range of Motion – AAROM → AROM. NO FLEXION GREATER THAN 90 DEG

Therapeutic Exercises

- Quad/Hamstring sets
- Heel slides
- Non-weightbearing stretch of the Gastroc/Soleus
- Straight-Leg Raise with brace in full extension until quad strength prevents extension lag
- No deep bends for 4 months

Phase II (Weeks 4-10)

Weightbearing: As tolerated -- discontinue crutch use

Hinged Knee Brace: Discontinue brace use when patient has achieved full extension with no evidence of extension lag and quad control obtained

Range of Motion – Maintain full knee extension – work on progressive knee flexion: goal 120 deg

Therapeutic Exercises

- Closed chain extension exercises: leg press, step ups, partial lunges, wall sits
- Hamstring curls
- Toe raises
- Balance exercises
- Progress to weightbearing stretch of the Gastroc/Soleus
- Begin use of the stationary bicycle and stairmaster
- Proprioceptive exercises: ball toss, balance beam
- Pool or unweighted treadmill at 8 weeks

Phase III (Weeks 10-16)

Weightbearing: Full weightbearing

Range of Motion – Full/Painless ROM

Therapeutic Exercises

- Advance closed chain strengthening exercises, proprioception activities
- Begin use of the Elliptical
- Knee extension 90deg – 30deg, progress to eccentrics
- Progressive hip, quad, hamstring, calf strengthening
- **Can Start Straight Ahead Running at 12 Weeks**

Phase IV (Months 4-6)

- Initiate plyometric program as appropriate for patient's athletic goals
- Agility progressions
- Sports specific drills
- Maintenance program for strength and endurance

Phase V (Months 6 and Beyond)

- Gradual return to sports participation
- Maintenance program for strength and endurance



Comments:

Frequency: _____ **times per week**

Duration: _____ **weeks** -

Signature: _____

Date: _____