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REHAB PROTOCOL – KNEE ACL RECONSTRUCTION

➤ Phase I (Weeks 1) Goal: Healing

Bandages: You may remove the bottom ACE bandage after 24 hours. Keep the bandage around your knee until your 1st post operative visit when it will be changed.

Brace: Wear the hinged knee brace at all times when ambulating. Use crutches for support.

Ice: Use at 20 minute intervals for the first week and for 20 minutes after exercise.

Movement: Use a towel roll under your ankle and push on your knee to work on getting your knee fully straight. Also begin bending your knee to gradually get full range of motion. If you have a CPM, start it on the first night at 0-40 degrees. Increase it 10 degrees per day as tolerated. Use the CPM 4 hours per day.

Bathing: Keep the bandages dry. You may shower by placing a bag over your knee.

➤ Phase II (Weeks 2-6) Goal: Range of Motion

Brace: At your 1st post operative visit you will be switched to a hinged knee brace. If you demonstrate good quadriceps function it will be unlocked. Otherwise, it will stay locked until your therapists feels you have good strength and they can unlock it. Wear the brace at all times when you are standing or walking. Continue to use crutches for comfort. You may gradually wean from the crutches at this time. You may wean from the brace starting at week 4 under the guidance of the therapist depending on your knee stability.

Ice: Use ice for at 20 minute intervals after exercise.

Movement: You may continue to use the CPM if you continue to benefit from it. You may move your knee as much as you tolerate. Continue to work on obtaining full range of motion.

Bathing: You may let water run on the wound in the shower. Do not scrub the wounds. You may start gently scrubbing the wound at 4 weeks.

Physical Therapy: Active and passive range of motion to obtain full range. Bike with ROM as (start with no resistance and gradually progress). NMES for quad activation. Straight leg raise. Open chain hamstring strengthening. Hip abduction, adduction, and extension strengthening. Heel raises. Leg press with minimal resistance (gradually progress). Once stable may start partial squat to 60 degrees (week 2) and full squat to 90 degrees (week 4), step ups and heel raises progressing to single leg. Trunk stabilization. Patellar, tibiofemoral mobilization. Modalities as needed.

➤ Phase III (Weeks 6-12) Goal: Strengthening

Movement: You may perform all ranges of motion at this time.

Bathing: No restrictions.

Physical Therapy: Continue progression of intensity of the strengthening program incorporating single leg activities to improve balance and proprioception. Start cardio activities such as elliptical, treadmill, and stair climber. Gradually start dynamic single & double leg functional exercises for sport at 8 weeks.

➤ Phase IV (Months 3-6) Goal: Return of Function

Physical Therapy: Continue progression of functional exercises with focus on single leg function (squat depth, hop testing, single leg balance). Progress cardio activities.

➤ Phase V (Months 6 & beyond) Goal: Return to Sport and Unrestricted Activities

Clearance for Return to Sport: Will need to demonstrate in office neuromuscular stability.

Physical Therapy: Continue progression of functional and sport specific exercises.