Daniel Myer, M.D  Rehab Protocol	CRYSTAL CLINIC ORTHOPAEDIC CENTER  ACL Reconstruction with meniscus repair
	** <u>Bucket-handle repairs</u> will go slower with WB flexion progression (4 weeks locked, then progress)  ** <u>Root repairs</u> & <u>radial repairs</u> will be strict NWB x  4-6 weeks, progressive unlocking after  ** Dr. Myer will specify details on postop PT script
Weeks 1-2	<ul> <li>Routine simple repair: WBAT locked straight x 2 weeks         <ul> <li>When in doubt, protect WB for pain / tissue protection</li> <li>Discontinue crutches as comfort &amp; gait safety allows</li> <li>Complex repair: Dr. Myer to specify NWB / motion restrictions</li> </ul> </li> <li>Brace – 1st week while sleeping then D/C at night.</li> <li>Encourage full NWB ROM, active &amp; passive</li> <li>Encourage patellar glides, SLR / quad sets, hip add / abd</li> <li>NMES unit for quad recruitment</li> </ul>
Weeks 3-8	<ul> <li>Routine repair: WBAT 0-30; progress 30 degrees per week</li> <li>Complex (bucket, radial, root): protective WB per Dr. Myer</li> <li>Full NWB ROM; Bike for ROM; routine NMES</li> <li>Brace – no collateral injury = OK to d/c by 6 weeks unless poor gait mechanics.         <ul> <li>*MCL / LCL protection = Dr. Myer will address how long</li> </ul> </li> <li>Bike for ROM and early cardio</li> <li>NMES unit for quad recruitment</li> <li>** Extension maintenance very important (prone hangs)</li> <li>** Any modalities ok as indicated by PT</li> <li>** BFR if available</li> </ul>
Months 2-12	<ul> <li>From 6 weeks to 3 months ok for full NWB flexion but limit deep WB flexion for 3 months</li> <li>Beyond 3 months ok full WB flexion with resistance</li> <li>*Progress with PT through rehab per functional needs as this is a functional recovery, not calendar based recovery</li> <li>Bike, elliptical, pool, functional strengthening</li> <li>Return to running progression: please discuss with Dr. Myer prior to starting a return to running program. Based on patient function and pathology. At earliest with simple repair, around 4-5 months when strength ~75% symmetry and functional impact loading is tolerable, start with a slow interval progression. Not atypical to wait 5-6 months if complex meniscus repair.</li> <li>Return to sports: return to lateral sports = 9-12 months goal Non-lateral sports (golf, swimming, hiking, running) all patient dependent. Please review with Dr. Myer</li> </ul>

General ACL Graft Principles:	
-ACLR with allograft: progress with WB flexion early as quad control allows; start hamstring (HS) activities (stretches, ROM, strengthening) as comfort allows	
-ACLR with quad autograft: no restrictions in quad ROM and strengthening (pain and control typically improves around 3-5 week mark); start HS activities as comfort allows	
-ACLR with hamstring autograft: HS stretching ok at 3-4 weeks and HS strengthening at 6-8 weeks	
-ACLR with patellar tendon autograft: same as quad autograft in general; anterior knee pain / quad weakness persists longer than allograft / quad auto / HS auto	