

**Daniel Myer, M.D**

Rehab Protocol



**ACL Reconstruction *without meniscus repair* (i.e.- isolated ACLR +/- partial meniscectomy)**

**\*\* Please check with Dr. Myer if unsure about protocol, functional / sport progression**

Immediate post-op  
Week 1

- Immediate WBAT locked straight – crutches for support
  - Initial NWB / PWB helps with pain / swelling
  - Main goal is extension maintenance with early flexion
  - Discontinue crutches as comfort & gait safety allows
  - This restriction is for home guidance, but encourage out of brace ambulation in PT clinic

**Brace** – 1<sup>st</sup> week while sleeping ... then D/C at night.

- Encourage full NWB ROM, active & passive
- Extension maintenance with prone bed hangs
- Bike for ROM as pain allows
- Encourage patellar glides, SLR / quad sets, hip add / abd
- NMES unit for quad recruitment

Weeks 2-8

- Push WBAT with brace progressively unlocked as pain / quad control allows. OK to start 0-30 / progress 30 per week
- Brace** – no collateral injury = OK to d/c by ~3-4 weeks unless poor gait mechanics.

\*MCL / LCL protection = Dr. Myer will address how long

- Bike for ROM and early cardio
  - NMES unit for quad recruitment
- \*\* Extension maintenance very important (prone hangs)  
\*\* Any modalities ok as indicated by PT  
\*\* BFR if available

Months 2-12

- Progress with PT through rehab per functional needs as this is a functional recovery, not calendar based recovery
- Bike, elliptical, pool, functional strengthening

**Return to running progression: please discuss with Dr. Myer prior to starting a return to running program.** At earliest, around 4 months when strength ~75% symmetry and functional impact loading is tolerable, start with a slow interval progression. Not atypical to wait 4-5 months to start slow impact running.

**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

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**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