## Jay F. Deimel, MD

## ORTHOPAEDIC SURGERY SPORTS MEDICINE

## KNEE ACL RECONSTRUCTION with MENISCUS REPAIR POST OPERATIVE PHYSICAL THERAPY PROTOCOL

POST OPERATIVE PHYSICAL THERAPY PROTOCOL	
Brace:	
Week 0-2:	Locked in full extension (remove for PT/washing)
Week 2-6:	Post-op hinged knee brace: unlocked from 0-70 deg (except for PT/washing). Brace locked in full extension when walking.
After wk 6:	Discontinue brace.
Weight Bearing:	
Week 0-4:	TDWB (touch-down weight bearing), crutches, in knee brace locked in full extension.
Week 4-6:	WBAT (weight bearing as tolerated), discontinue crutches; brace is still locked in full extension.
After wk 6:	WBAT without brace, discontinue crutches.
ROM:	
Week 0-2:	CPM: goal of 6-8 hours/day (some patients tolerate night-time) *start at 10-40 deg, increase 5-10 degrees each day to max: 0-90 deg Physical Therapy: AAROM flexion sitting; PROM extension to 0 deg
After wk 2:	discontinue CPM. AROM flexion to goal of 130 deg (full ROM by wk 6).
Exercise:	
Week 0-2:	ankle pumps, quad sets, SLR, patellar mobilizations, standing hamstring curls (only if not painful)
Week 2-6:	stationary bike (low resist), hamstring curls, progressive quad resistance (shuttle), 4-way hip exercises
Week 6-12:	increase resistance exercises, calf raises, swimming (no egg-beater), biking
Week 12-16:	leg press, half-squats, agility training, half-speed jogging (level surface)

Month 4-6: jogging, biking, swimming, light tennis and golf, increase agility drills

**Month** 6-9: return to full activities and contact sports as directed by MD and therapist.

<sup>\*</sup>Please direct questions to Dr. Deimel and his team at 814-454-2401.