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ACL HAMSTRING REHAB PROTOCOL With Meniscus Repair

GENERAL

- Full passive ROM
- Brace 0-90 for 6 weeks
- No Knee flexion past 90 degrees for first 6 weeks
- PWB 0-25% for first 3 weeks with brace locked full extension(Brace locked for Sleeping-may be unlocked for sitting
- Quad stim to start after week 1 and continue until good quad control, no extension lag

WEEK 1

- CPM 0-30 and advance to 0-90 as tolerated
- Wall slides
- Prone hangs
- Patellar Mobilizations
- Ankle pumps
- Heel slides 0-90 as tolerated
- Quad Sets with straight leg raises
- Pillow or towel roll under heel to regain full knee extension

WEEK 2-3

- Same as week 1
- Toe raises/heel raises
- Biking with both legs-Stationary bike with seat elevated and work towards normal seated bike position

WEEK 4-12

- Continue above exercise and ice as necessary
- Begin scar massage, mobilization
- Can progress from 50-100% WB(to progress need excellent quad control no extensor lag, minimal edema and normalized gait)(Goal 100% by 4-6 weeks)
- At 6 weeks allow ambulation with brace 0-90 for WB if excellent quad control/ no extensor lag and minimal edema
- Progress to LE closed chain exercise with 90 deg flexion limit until 6 weeks, then no Deeper than 100 after 6 weeks
- Achilles and calf stretch
- Hamstring stretching (sit and reach with towel)

Around week 7-8

- Treadmill 7% walk
- Double knee bends

MONTH 3-6

Agility Exercises
Home jogging program
Stairmaster
Aquatic Therapy if requested(flutter kick only, no whip kicks)
Leg press to 90°
Leg curls with no hyperextension
Progress to LE closed chain exercise(worked towards passing leg press test and single hop test)

6-9 MONTHS

Agilities, Progress LE closed chain exercises
Light Sagittal plane and frontal plane plyometric(**criteria to begin is Quad strength >80% contralateral side, full AROM, swelling < 1 cm joint line, no pain**)
Progress to Sport Specific Agilities and Sport Related Plyometrics(once they have finished general agility program, passed leg press test, and single hop test, satisfactory MD exam)

This is strictly an outline of most of the major exercises that we would like to incorporate into the patellofemoral rehabilitation. Not all exercises need to be done. Two main goals are that appropriate progress is made on a weekly basis, and that communication exists between patient, therapist, and doctor.