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Postoperative Rehabilitation Guidelines Following ACL Repair (Patellar Tendon or Hamstrings Autograft) with Concomittant Meniscal Repair

DISCLAIMER: The intent of this protocol is to provide therapists with guidelines for rehabilitation of patients that have undergone surgery with Dr. Avallone. It is based on a review of the best available scientific literature and is specific to his operative technique. It is not intended to serve as a substitute for sound clinical decision making. Therapists should consult with Dr. Avallone if they require assistance in the progression of post-operative patients.

Phase I: Immediate Postoperative Phase (Weeks 1-4)

Meniscal Repair Restrictions (Primary):

- WBAT with brace locked in full extension with crutches. D/C crutches when patient is FWB in locked knee brace and ambulating safely and confidently.
- Knee brace is worn at all times **locked in full extension** including during ambulation, sitting and sleeping. The only times that the brace may be removed is during for therapeutic exercises (except as noted in the exercise section) and while bathing (seating with knee extended).
- **No hamstring strengthening** for the first 6 weeks following a **posterior horn** repair
- Range of motion (ROM) is limited to 0-70° for 4 weeks

GOALS	TREATMENT
Achieve mobile incisions	Scar mobilization
Decrease effusion/pain	Ice, compression, elevation Electrical stimulation for effusion
Normalize patellar mobility	Patellar mobilizations
Restore full extension	Patient education Quad sets
Initiate flexibility exercises	Hamstring & gastroc stretches
Achieve 70° flexion	AAROM CPM 2 hours twice per day; increase ROM as tolerated until 0°-70° is achieved; then discharge
Activate quadriceps	NMES with quad sets
Initiate strengthening (in brace until quad set is adequate to prevent extension lag)	Quadriceps isometrics Hamstrings isometrics, progress to active HS curl 0° to 70° (unless posterior horn meniscal or hamstrings autograft repair) Hip adduction isometrics, progress to sidelying leg raise* Hip abduction isometrics, progress to sidelying leg raise* Hip extension SLR (when prone lying comfortable)* Hip flexion/knee extension (SLR)* Initiate heel walking at 3-4 weeks
Achieve FWB in brace locked 0°	Progressive weightbearing (B/L) to (U)
Cardiovascular/General Exercises	Upper body & core strengthening program Upper body ergometry aerobic program

Clinical Milestones:

1+ effusion	Good quadriceps set (no extension lag)
Good patellar mobility	Pain-free at rest
AROM 0-70°	Full weight bearing

Phase II: Intermediate Postoperative Phase (Weeks 5-6)

Meniscal Repair Restrictions (Primary):

- WBAT with brace limited to 0°-90° with crutches

