

PHASE II: Generally 7-12 weeks post-op	
PHASE II GOALS:	Normal gait and stair ambulation Full Knee ROM
PRECAUTIONS:	*Continue to wear brace at all times (except while sleeping)* * NO knee hyperextension. NO open kinetic chain hamstring strengthening * * NO pool program or swimming*
CRUTCHES:	Progress gradually to full weight-bearing during post-op weeks 7-8
BRACE:	Unlock brace for ambulation per the following schedule: <ul style="list-style-type: none"> ○ Wks 7-8: 0-30° ○ Wks 9-10: 0-60° ○ Wks 11-12: 0-90°
REHABILITATION:	Progress to the following exercises and increase intensity gradually when patient is ready (i.e., no increase in knee pain or effusion since the previous exercise session) *Note: all strengthening should be done with the brace on, using low weights, high repetitions, and in a painless ROM*
~weeks 7-8	Active assisted weight shifts Stationary bike for ROM - progress to biking for conditioning Progressive AROM and ROM stretching exercises as tolerated General LE stretching (calf, HS - add quads, HF, hip adductors @~week 9) Calf press Leg press Double leg mini-squats (0-45°) - add weight gradually as tolerated Bilateral calf raises – add unilateral calf raises @~week 9
~weeks 9-10	Stepups Unilateral leg mini-squats (0-45°) Gait training (cone walking, marching, retrowalking, cariocas, shuffles, etc.) Progressive standing balance exercises (body blade, plyoball, platform training, etc.) (progress in duration, intensity, double leg to single leg, etc.)
~weeks 11-12	Elliptical
FOLLOW-UP:	PT: Bimonthly; Ortho: ~12 weeks post-op; Supervised rehabilitation: 2-3 x per week as needed
DOCUMENTATION:	Precautions, pain level, medications, modalities Effusion Knee ROM & quadriceps function Gait

PHASE III: Generally 4-6 months post-op	
PHASE III GOALS:	Jog at own pace and distance without pain 80-90% quadriceps and HS strength return
PRECAUTIONS:	* NO participation in sports or military schools*
BRACE:	Hinged knee sports brace (as needed per ortho)
REHABILITATION:	Continue phase II exercises as needed Progress in duration and intensity of exercise only if there is no increase in knee pain or effusion since the previous exercise session.
~weeks 13-16	Aerobic conditioning (biking, elliptical, stairmaster) LE weight lifting (Calf press, leg press, squats (0-60°), knee ext, hip add/abd) Progressive pool program Progressive balance training
~weeks 16-26	Active HS curls with ankle weights progress gradually to using HS curl machine – using low weight, high reps Progressive jogging program (Begin jogging for 5-10 minutes TIW - increase time and/or distance no more than 10-20% per wk) Straight line jogging (up to 50% speed on treadmill or other level terrain) Progressive functional training: Begin at 25-50% intensity and progress gradually (jumping, hopping, directional jogging, cariocas, shuffles, etc.)
FOLLOW-UP:	PT: Monthly; Ortho: ~6 months post-op; Supervised rehabilitation: 1-2 x per week as needed
DOCUMENTATION:	Pain level & medications Effusion Knee ROM & quadriceps function Hop for distance at 6 months post-op Biodex testing at 6 months post-op
MISCELLANEOUS:	After 6 months post-op: Exercises in phase III are continued, gradually increasing intensity & duration as tolerated. The recommendation is to wait until 9-12 months post-op to return to contact/collision sports. This time period may be adjusted slightly by the surgeon and therapist according to patient progress.