



Keith T. Corpus, MD

### ***ACL Injury: Non-Operative “Pre-hab”***

This information and protocol is a guideline, individual variations and changes will apply

An increase in pain, swelling, or loss of ROM suggests that progression of the program may be too fast.

#### **PHASE I (WEEK 1) ACUTE INJURY PHASE**

##### **GOALS:**

- Reduce pain, inflammation, and effusion
- Restore full passive knee extension
- Restore patella mobility
- Gradually improve knee flexion
- Re-establish quadriceps control
- Restore independent ambulation

##### **PRECAUTIONS:**

- Two crutches: WBAT
- Brace/Immobilizer locked in full extension for ambulation
- Avoid active knee extension

##### **TREATMENT RECOMMENDATIONS:**

- RICE
- Range of Motion: Passive knee extension. Active knee flexion. Goal 0-100° by 1 week.
- Strengthening: Emphasize quad isometrics and closed chain exercises. Hamstring curls.
- Patella mobilization
- Bicycle beginning week 2
- Modalities: PRN
- HEP

##### **MINIMUM CRITERIA FOR ADVANCEMENT:**

- Quad control (able to perform good quad set and SLR)
- Full passive knee extension
- PROM 0-90°
- Good patella mobility
- Minimal joint effusion
- Independent ambulation



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**PHASE II (WEEKS 2-4)  
INTERMEDIATE PHASE**

**GOALS:**

- Maintain full passive knee extension
- Gradually increase knee flexion
- Eliminate effusion
- Restore proprioception
- Restore patella mobility

**PRECAUTIONS:**

- Discontinue knee immobilizer at 2-3 weeks post injury
- WBAT with goal to discontinue crutches by 2 weeks post injury

**TREATMENT RECOMMENDATIONS:**

- Maintain full passive extension. Progress flexion as tolerated.
- Gait training and proprioception
- Patella mobilization
- Flexibility work
- Modalities: PRN
- HEP

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