

ACL Tear Information

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JerryPignolet

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MOON Knee Rehab Guidelines for Therapists and Athletic Trainers

The evidence-based MOON Knee ACL rehabilitation guidelines in this PDF are intended for physical therapists, athletic trainers and other rehabilitation professionals.

The guidelines serve the full spectrum of those with ACL injuries, including non-athletes, as part of a structured rehabilitation program.

For some ACL rehabilitation areas, either no best-evidence studies exist or there are too few to conclude with confidence recommended practices. In these areas, rehabilitation recommendations are based on the guidance of the MOON Knee Group panel of experts.

Based on Commonly Available Equipment

These recommendations are for treatments regimens using commonly available equipment.

Treatment methods supported by research but requiring expensive equipment unavailable at some facilities, including high-intensity electric stimulation strength and aquatic training, are omitted here but recommended where available and appropriate.

MOON ACL Rehabilitation Guidelines

The following ACL rehabilitation guidelines are based on a review of the randomized controlled trials related to ACL rehabilitation. For many aspects of ACL rehabilitation there are either no studies that qualify as "best-evidence" or the number of studies is too few for conclusions to be drawn with confidence. In these circumstances, the recommendations are based upon the guidance of the MOON panel of content experts.

The guidelines have been developed to service the spectrum of ACL injured people (non-athlete ↔ elite athlete). For this reason, **example exercises** are provided instead of a highly structured rehabilitation program. Attending rehabilitation specialists should tailor the program to each patient's specific needs.



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The multi-center nature of the MOON group necessitates that the MOON ACL Rehabilitation Program only include treatment methods that can be employed at all sites without purchasing expensive equipment. Consequently, some treatment methods with supporting evidence (e.g., using a high-intensity electric stimulation training program for strength, aquatic therapy) are not included in the program because the expert panel believed that it is unreasonable to expect all sites to carry out such treatments.

Progression from one phase to the next is based on the patient demonstrating readiness by achieving functional criteria rather than the time elapsed since surgery. The timeframes identified in parentheses after each Phase are *approximate* times for the average patient, NOT guidelines for progression. Some patients will be ready to progress sooner than the timeframe identified, whereas others will take longer.

The *recommended* number of visits to the rehabilitation specialist (including visits merely for evaluation / exercise progression) is 16 to 24 visits with the majority of the visits occurring early (BIW x 6 weeks). However, it is recognized that some patient's health plans are severely restrictive. For this reason, the *minimum* number of post-ACL reconstruction visits to a rehabilitation specialist has been set at 6 visits for the MOON group patients.

If there are any questions regarding the MOON ACL Rehabilitation Guidelines, then please contact your physician, physical therapist or trainer.

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