



The transition from the clinic to the home environment is what can make the difference in your patients' recovery. For physical therapists, the challenge isn't finding enough exercises—it's finding the right ones that will move the needle forward.

Step 1 is to identify the top priority. In the early post-operative phase, the clinical priority is dictated by the specific constraints of the surgery and the patient's immediate deficits. In the first two phases of my ACL protocol the priority list includes:

1. **The "Extension First" Rule:** Regaining terminal knee extension is the non-negotiable priority. A lack of full extension early on can lead to permanent gait deviations and arthrofibrosis.
2. **The Flexion Threshold:** If the surgical goal is functional range of motion (ROM) for activities of daily living (like sitting or climbing stairs), and extension is already trending well, flexion becomes the focal point to prevent joint capsule tightening.
3. **Quadriceps Inhibition:** If the patient cannot perform a straight leg raise without a lag, neuromuscular re-education of the quads takes precedence over more complex movements.

Step 2 is to identify to 3 exercises that will improve the top priority. I believe in the minimalist approach where you limit the HEP to the three high-yield exercises that directly target the main priority. In the earlier phases with ROM as the focus frequency is more important than intensity. These 3 movements should be performed 1-2x/day.

Step 3 is driving home patient compliance. A guide is only as good as the patient's willingness to follow it. Compliance is a byproduct of education and simplicity. Patients are more likely to perform a painful stretch if they understand that "extension now prevents a limp later." Connect the exercise to their personal goals and the criteria to move to the next phase.

Now if you determined that your patient's **top priority is knee flexion**, here is the HEP you can give them.



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KNEE FLEXION HOME EXERCISE PROGRAM

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SEATED HEEL SLIDES



1. Patient will begin sitting in a chair where hip and knee height are about the same
2. Instruct patient to slide heel back; Use stretch rope for assistance and greater ROM
3. Perform reps for 5 minutes
4. Pro tip: perform on hardwood floor or use a sheet pan on carpet

WALL SLIDES



1. Have Patient Lie on back with foot up on wall
2. Instruct patient to begin sliding heel down wall and allowing gravity to assist
3. Scoot bottom closer to wall if too easy; Perform 2 sets x 10 reps
4. Pro tip: Use ankle weight or other lower extremity for overpressure

HEEL SLIDES WITH TIBIAL INTERNAL ROTATION



1. Begin patient with patient sitting up
2. Slide heel toward bottom and turn foot in. Use your arms for overpressure with both pulling toward you and turning your tibia inward
3. Perform 2 sets x 10 reps

BONUS: IF PATIENT HAS ACCESS TO BIKE AT HOME



If your patient struggles with flexion and complains of stiffness adding in the bike 20-30 minutes each day can be a game changer!



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