

ACL Reconstruction with Meniscal Repair

Post Operative Protocol

***If large meniscus repair with ACL, the following changes are necessary-

Weight Bearing- PWB (50%) for 4 weeks.

Brace- brace locked 0/0 for 4 weeks

ROM- 0-50° for 3 weeks; advance gradually to 90° afterwards***

Phase I – Maximum Protection (Weeks 0 to 6):

Weeks 0 to 4:

- Ice and modalities to reduce pain and inflammation
- Elevate the knee above the heart for 3 to 5 days
- PWB (50%) for 7-10 days in brace than WBAT with crutches to reduce swelling. The patient may wean off crutches (patient still in brace) when they can ambulate without a limp.
- Brace locked in full extension for 4 to 6 weeks per physician orders
- Initiate patella mobility drills
- Begin passive/active knee range of motion to 90° of knee flexion and strong emphasis on full knee extension
- Quadriceps setting focusing on VMO contraction
- Multi-plane open kinetic chain straight leg raising
- Gait training

Weeks 2 to 6:

- Begin open and closed kinetic chain resisted cord multi-plane hip strengthening as acute inflammation resolves
- Proprioception training
- Manual PNF hip and ankle patterns
- Begin pool program when incision sites healed

Phase II – Progressive Stretching and Early Strengthening (Week 6 to 8):

Weeks 6 to 8:

- Gradually restore full range of motion with emphasis on extension/hyperextension
- Continue with ice and modalities as needed
- Normalize gait
- Open brace to 0° to 90° per physician's orders
- Initiate lower extremity stretching program
- Begin stationary bike, treadmill, and/or elliptical trainer as strength and swelling allow
- Begin closed kinetic chain strengthening progressing from bilateral to unilateral as tolerated
- Implement reintegration exercises emphasizing core stability
- Advance closed kinetic chain multi-plane hip strengthening
- Proprioceptive drills emphasizing neuromuscular control
- Wean from brace as quad strength allows.

Phase III – Advanced Strengthening and Proprioception Phase (Weeks 8 to 12):

Weeks 8 to 10:

- Modalities as needed to control swelling
- Advance time and intensity on cardiovascular program - no running
- Begin functional cord program



Weeks 12 to 14:

- Initiate gym-strengthening program – Progressing from bilateral to unilateral
Leg press, squats, lunges, hamstring curls, ab/adduction, calf raises, and leg extensions
(0° to 30°)
- May begin outdoor biking and conservative hiking

Phase IV – Strengthening and Plyometric Phase (Weeks 12 to 20):

Weeks 12 to 20:

- Implement a full gym-strengthening program
- Begin pool running progressing to dry land as tolerated
- Advance proprioception and begin plyometrics progressing from bilateral to unilateral as tolerated

Phase V – Return to Sport Functional Program (Week 20 to 24):

- Follow-up examination with physician
- Implement sport specific multi-directional drills
- Implement interval functional program per physician approval
- Continue with aggressive lower extremity stretching, strengthening, and cardiovascular training
- Advance plyometric program as tolerated
- Sports test for return to play

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