



ACL Reconstruction with Meniscus Repair  
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	<b>WEIGHT BEARING</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>Phase 1: 0-4 weeks</b> <b>2-3x/week</b>	If No Brace=NWB  If TROM = WBAT locked in extension	As tolerated slowly work up to 120°	*No active hamstrings if posterior Horn/Root repair; Quad sets, ankle pumps, 4-way ankle, Supine TKE's, SLR's x 4-way (if no extension lag); PROM; STM; Edema control; gait trng  NMES to quads (20 minutes, 2-3 x/day)
<b>Phase 2: 4-8 weeks</b> <b>2-3x/week</b>	Ambulate WBAT  D/C brace if they had one  Goal: Symmetric, pain- free FWB gait	Full AROM as tolerated  <b>No Weight-bearing exercises &gt;90° flexion</b>	*No active hamstrings if posterior Horn/Root repair; Avoid Tibial Rotation; Continue/Progress phase I exs.and modalities; Add: Core strengthening; Bike, Shuttle/Leg press (0-90°), step-ups, step-downs, lateral step-ups; gait training; hip external rotators <b>OKC resisted knee extension 90-60° only;</b>
<b>Phase 3: 8-12 weeks</b> <b>2x/week</b>	Full	Full	Target quads and hip external rotators, OKC and CKC; <b>OKC resisted knee extension 90-45° only;</b> Elliptical; BOSU; Proprioception/balance; Focus on biomechanical issues of bilateral lower extremities and functionally strengthen to help prevent contralateral knee ACL injury. Advance double and single leg closed-chain activity. Can begin hamstrings strengthening on all repairs
<b>Phase 4: 12-16 weeks</b> <b>1-2x/week</b>	Full	Full	Isometric strength testing (> 75% limb symmetry) in order to: Begin straight line running and dynamic lateral stability drills; Continue to focus on hip/knee/ankle biomechanics and control; Walking lunges, Resisted walking x4-way; <b>OKC resisted knee extension 90-30° only;</b> <b>Patient should be in an Independent gross strengthening gym/ home program 2-3x/week;</b>
<b>Phase 5: 16-24 weeks</b> <b>1x/week</b>	Full	Full	Begin Plyometrics and power drills Progress cutting and agility drills, initiate at 25-50% speed Functional testing (> 90% limb symmetry) *See website
<b>6- 8 months Post op:</b> <b>Focus is on getting athletes ready to Return to play. If your facility is not equipped for this, please return to MOC 1x/week</b>	Full	Full  Measure for custom knee brace	Sports Specific Training. Functional Testing (>95% limb symmetry) *see website Full speed sprinting, cutting without contact <b>**Every month delayed returning to sports between months 6-9 post-op can decrease re-tear risk 50%**</b> Knee brace may be worn for first season back - discuss with MD.

Contact MD by 4 weeks post op if patient is not able to achieve full extension.  
 MD post op appts: 2 weeks, 6 weeks, 12 weeks, 5 months; Please send PT progress notes prior to each one.  
 Typical graft is Bone-Patellar tendon-Bone in skeletally- mature individuals and quadriceps tendon in youth.  
 This protocol is not a substitute for clinical decision making of the health care professional.  
 Please see PT referral for any specific post op instructions.