



ACL Reconstruction with Meniscus Repair
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	WEIGHT BEARING	ROM	EXERCISES
Phase 1: 0-2 weeks 2-3x/week	NWB until performing a strong quad set. Once good quad control is evident, advance to WBAT in LOCKED TROM	0-90°	Edema control: Ice, STM, Tubigrip Quad sets, ankle pumps, 4-way ankle theraband, Supine TKE's, SLR's x 4-way (if no extension lag. Perform with brace locked if quad lag is present) Can use NMES to quads (20 minutes, 2-3 x/day) Avoid isolated hamstrings resistance
Phase 2: 2-6 weeks 2-3x/week	WBAT in LOCKED TROM-May unlock TROM to match motion (0-90°) as quad control allows	0-90°	Continue phase I exercises and modalities as needed. Avoid tibial rotation; Avoid isolated hamstrings resistance; shuttle/leg press 0-90°, Standing TKE's, Step-ups forward and lateral OKC resisted knee extension 90-60° only ; May begin BFR at 2 weeks post op based on MD recommendations and patient past medical history.
Phase 3: 6-12 weeks 2x/week	WBAT in open TROM May D/C TROM brace week 6- 8	Full	Target quads and hip external rotators, OKC and CKC; OKC resisted knee extension 90-45° only ; Advance double and single leg closed chain quad activity 0-120°. Can begin Bike at week 6; Elliptical at week 8; Proprioception/balance; BOSU-start bilateral, and with UE support; <i>Avoid tibial rotation</i> 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.
Phase 4: 12-16 weeks 1-2x/week	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; OKC resisted knee extension 90-30° only ; Patient should be in an Independent gross strengthening gym/ home program 2-3x/week ;
Phase 5: 16-24 weeks 1x/week	Full	Full	Functional testing (> 90% limb symmetry) *See website Begin Plyometrics and power drills Progress cutting and agility drills, initiate at 25-50% speed
6- 8 months Post op: Focus is on getting athletes ready to Return to play. If your facility is not equipped for this, please return to MOC 1x/week	Full	Full	Sports-Specific Training. Functional Testing (>95% limb symmetry) *See website Full speed sprinting, cutting without contact **Every month delayed returning to sports between months 6-9 post-op can decrease re-tear risk 50%** Knee brace may be worn for first season back - discuss with MD.

*Ideally, obtain operative report to understand the location tear/repair and graft tissue type
 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.
 Please see PT referral for any specific post op instructions; .
 This protocol is not a substitute for clinical decision making of the health care professional.
 **ACL strain is generally greater with non—weight-bearing exercises compared to weight-bearing exercises
 **ACL is loaded to a greater extent between 10° to 30° of knee flexion angles