



ACL Reconstruction with Meniscus Repair
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| | WEIGHT BEARING | ROM | EXERCISES |
|---|--|-------|---|
| Phase 1: 0-3 weeks 2-3x/week | NWB 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) May begin BFR at 2 weeks post op based on MD recommendations and patient past medical history. Avoid isolated hamstrings resistance |
| Phase 2: 3-6 weeks 2-3x/week | Heel Touch WB in LOCKED TROM | 0-90° | Continue phase I exercises and modalities as needed. <i>Avoid tibial rotation</i> ; Avoid isolated hamstrings resistance; Light shuttle/leg press 0-90°, Standing TKE's, Step-ups forward and lateral OKC resisted knee extension 90-60° only. |
| 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 0-90°. 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