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ACL Reconstruction with Meniscus Repair

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

NOTE: Protocol may need to be modified if multiple ligaments or meniscus are involved.
Ligament testing should only be performed by the physician throughout the protocol.

PHASE I: (Immediate)

Week 0-2

Orthotics-
1. Knee brace locked in full extension at all times except for rehab exercises
2. Elastic bandage as needed to control swelling

Weight Bearing-
1. Non weight bearing for 6 weeks for root and radial meniscus tears
2. Otherwise, touch WB for 4 weeks

Modalities-
1. Patients are encouraged to use polar care unit/ice for 20 minutes following exercises and as needed for pain control throughout protocol.
2. Other modalities at the discretion of the therapist based on clinical findings

ROM-
1. ROM restricted to 0-90* for 4 weeks

Exercises-
NO OPEN CHAIN EXTENSION -40 to 0
1. Quad sets
2. Ankle pumps
3. Patella Mobilizations
4. Calf, Hamstring, and Knee extension stretching
    a. **IF hamstring graft**, Avoid excessive stretching of the hamstring the first 6 wks
5. Prone Hangs, no resistance
6. May start Heel slides / Wall slides
    a. Assist un-involved leg to improve ROM
7. Straight Leg Raises (May use brace if needed to maintain full extension)
    a. All planes
    b. NO resistance
8. EMS/Neuromuscular Re-Education improve quality of muscle contraction
9. Open chain hip strengthening

PHASE II: (Intermediate)

Week 3-6

Orthotics-
1. Continue knee brace at all times, but may unlock 0-90* during ambulation
2. Functional ACL brace at 6 weeks, per surgeon*

(Cont'd weeks 3-6)

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Weight Bearing-
1. Remain NWB for root and radial meniscus tears
2. All other tears, after 4 weeks, start at 25% WB and progress to full WB by 6 weeks
3. May discontinue crutch use when gait is acceptable and good quad control

Modalities (PRN)-
1. Continue as needed

ROM-
1. Up to 90* through week 4, then can progress as tolerated. GENTLE progression for root and radial tears.

Exercises-
1. Continue Phase I exercises *Use of BFR as indicated at 4 weeks
2. Standing balance / proprioception as weight bearing allows
3. May progress into hamstring strengthening (**IF Hamstring graft**, NO active hamstrings until Wk 4 and NO resisted hamstrings until Wk 6)
    a. Forward Chair scoots
    b. Biodex eccentric/concentric resistance
    c. Long arc hamstring curls, progress to weight machines as appropriate
4. Isometric Quads
    a. Positioned at 60˚ of knee flexion
5. Stationary bike or NU-Step
6. **After 4 weeks** and reaching 90* of flexion
    a. Shuttle / Leg Press – Bilateral progressing to Unilateral
    b. Standing / Shuttle Calf Raises
    c. Keep resistance within weight bearing restrictions

PHASE III: (Strengthening)

Week 7 – 12

Orthotics-
1. Discontinue IROM brace
2. Functional ACL knee brace, per surgeon

ROM-
1. Work toward full ROM as tolerated

Exercises-
1. Continue Phase II exercises
2. Closed-chain strengthening activities with focus on VMO control, core stability, and avoidance of varus/valgus movement
    a. Step Ups, Lunges, Mini-Squats
3. Resisted Walking
    a. Forward/Backward initially, progress to Lateral
    b. Maintain proper knee alignment with good eccentric control
4. May initiate Open Chain Quad strengthening
    a. Short-arc progressing to Full-arc
    b. Monitor for patella-femoral pain

(Cont'd weeks 7-12)

5. Progress balance/proprioception to all 3 planes but limit range and speed as patient can control
6. Begin basic ladder series **at Wk 12**

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7. Aquatics
    a. Closed chain strengthening and proprioception exercises
    b. Flutter kicks with straight leg, intervals of 30-60" of work
    c. Jogging at Wk 10 starting in deep water, progressing to chest/waist deep

PHASE IV: (Advanced Strengthening)

3 MONTHS POST-OP

Exercises-

1. Continue Phase III exercises, can now work into deeper squats
2. Progress to aggressive strengthening of the quad and hamstrings
3. Slideboard lateral gliding
4. Aquatic
    a. 2 leg jumps (Stationary progressing to fwd/bwd and side to side)
    b. Skipping and lateral shuffle
    c. Progress to plyometric / explosive jumps as appropriate

4 MONTHS POST-OP

Orthotics-

1. Continue functional brace for high risk activity and exercise, per surgeon*

Exercises-

1. Straight ahead jogging, level surfaces
    *Only with physician approval based on strength, stability, and case by case basis
2. After 2 weeks of running program, progress to gentle lateral movements/agility work IF good quad control, no pain and good stability.
3. Initiation of light sports activity
    a. Jumping, progressing to unilateral hops with good strength and control
    b. Shuttle bounding
    c. Low-level change of direction
    d. Running program should include increased speed, rounded turns, backpedal

5-9 MONTHS POST-OP

1. Continuation of light sports activity with progression as tolerated
    a. Plyometrics
    b. Sport specific agility
    c. See Interval Golf and Interval Running programs
    d. DIME warmup
2. Testing to be completed prior to 6 month physician appointment
    See LE functional test protocol (Goal: 90% of uninvolved leg)
    ***Please complete functional testing sheet and send results to physician**
3. Patients will have full release to play sports during this time frame, but only with physician approval based on strength, functional test results, and overall level of function

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