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ACL Reconstruction With Meniscus Repair Rehab Protocol Prescription

Patient Name:                  Date:

Diagnosis: ACL tear, meniscus tear  Frequency: 2-3 visits/week  Duration: 6 months

ACL Graft used: BTB autograft / Hamstrings autograft / Allograft

Pre-Op
• Physical Therapy 2 weeks prior to surgery, insure full ROM, increase quad/hamstring strength, normalize gait
• Schedule a doctor visit for 14 days after surgery
• Schedule a PT visit for 2 days after surgery

Week 1
• Ankle pumps every hour
• Post-op brace to maintain full extension.
• Quad sets & SLR (Brace on) with no lag
• TTWB with crutches
• Ice or Cryocuff Unit on knee for 20-30 minutes every hour
• Pillow or towel roll under heel passive knee extension exercise
• Passive ROM exercises only if done with therapist present (Brace off): Goal: 0 to 70 degrees only.

Week 2 (No knee flexion past 90 deg)
• Supervised PT 2 - 3 times a week (may need to adjust based on insurance)
• Continue SLR's in brace, quad isometric sets, ankle pumps
• TTWB with crutches
• Passive knee extension with towel roll under heel
• Patellar mobilization exercises
• Brace locked in full extension for ambulation and sleeping, and may unlock for sitting. Continue to use crutches when out of home
• May remove brace for HEP, except SLR
• Flexion exercises seated AAROM
• Stationary bike for range of motion (short crank or high seat, no resistance)
• Hamstring and calf stretching
• Hip strengthening
• Heel raises with brace on
  Goal: 0-90 degrees

Week 3 (no knee flexion past 90 deg)
• Continue with above exercises/ice treatments
• No weight bearing with knee in flexed position, may WBAT with brace locked in full extension. Brace to be set from 0 – 90 degrees when not ambulating
• D/C crutches if stable with brace in full extension for ambulation
• Perform scar message aggressively
• AAROM (using good leg to assist) exercises (4-5x/ day)
• Emphasis full passive extension
• Progressive SLR program for quad strength with brace off if no extensor lag (otherwise keep brace on and locked) - start with 1 lb, progress 1 -2 lbs per week
• Theraband standing terminal knee extension
• Single leg standing
• Hamstring PREs
• Seated leg extension (90 to 40 deg) against gravity with no weight

Week 4 (no knee flexion past 90 deg)
• Continue all exercises
• No weight bearing with knee in flexed position, may WBAT with brace locked in full extension
• Continue ROM stretching and overpressure into extension
• Heel raises
• SLR’s - in all planes with weight

Week 5
• Continue above exercises
• Unlock brace for ambulation when quad control adequate
• Self ROM 4-5x/day using other leg to provide ROM, emphasis on maintaining 0 deg passive extension
• Advance ROM as tolerated - no limits
• Mini-squats and weight shifts
• Isotonic leg press (0 - 70 degrees)
• 4 inch step ups
• Regular stationary bike if flexion > 115
• Lateral step out with therabands
• Retro treadmill progressive inclines

Week 6
• Continue above exercises
• Half squats (0-40 degrees)
• Add ball squats - Goal: 0 to 115 degrees, walking with no limp
• Initiate retro treadmill with 3% incline (for quad control)
• Brisk walking
• Progress balance and board throws
• 8 inch step ups
• 4 inch step downs
• Swimming allowed, flutter kick only

Week 7-9
• Advance ROM
• D/C brace if quad control adequate and no extensor lag with SLR
• Retro treadmill progressive inclines
• Stairmaster machine
• Increase resistance on stationary bike
• Sport cord (bungee) walking
• Start slide board
• 6-8 inch step downs

Week 10
• Begin resistance for open chain knee extension
• Bike outdoors, level surfaces only
• Plyometric leg press
• Jump down's (double stance landing)
• Progress to light running program and light sport specific drills if:
  Quad strength > 75% contralateral side
  Active ROM 0 to > 125 degrees
  Functional hop test >70% contralateral side
  Swelling < 1cm at joint line
  No pain
  Demonstrates good control on step down

Week 11-22
• If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:
  Progress to home program for running; then,
  Progress to hops, jumps, cuts and sports specific drills by week 22.
Begin to wean from supervised therapy.

**6-7 Months**
- Continue more advanced sports specific drills
- Criteria to return to sports (joint decision between PT and surgeon)
  - Full Active ROM
  - Quadriceps >90% contralateral side
  - Satisfactory clinical exam
  - Functional hop test > 90% contralateral side
  - Completion of ACL running program

**One Year**
- Doctor visit

**Concerns or questions:**
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**Physician Signature:**