ACL Reconstruction Combined with Meniscal Repair Protocol

(HS or Patellar Tendon Autograft)

A. 0-3 weeks post-op
   1. Gait: NWB using crutches
   2. ROM restrictions: 0-90°
   3. Frequent cryotherapy and modalities as indicated
   4. Bracing: Physician specific, may be none, immobilizer or hinged knee such as IROM to protect ROM restriction.
   5. Exercise
      a. ROM work within restrictions
      b. OKC quad work such as SLR and 90-45° leg extension
      c. Q-sets, ankle pumps, seated HS stretch, seated towel gastroc stretch
      d. Open chain hip and core work

B. 3-6 weeks post-op
   1. Gait: WB now physician directed. Beginning at 3 or 4 weeks post-op, WB is gradually increased to full. Then wean from AD as indicated.
   2. ROM work is now to tolerance. Goal is to have full ROM by 4-6 weeks post-op.
   3. Continue cryotherapy and modalities as indicated
   4. Bracing: If hinged knee brace is used, open flexion 10° less than patient's active flexion measurement. If immobilizer is used, discontinue.
   5. Exercise
      a. Progressive 90-45° OKC quad strength within available ROM (no OKC hamstring until 6 weeks post-op)
      b. Progressive CKC exercise within WB restrictions
      c. Progressive balance/proprioceptive work when FWB
      d. Progressive non-impact cardio: Stationary Bike→Elliptical→Stairmaster
      e. Progressive hip and core work (OKC and within any WB restrictions)

C. 6 weeks post-op
   1. Gait: Wean from AD if not allowed earlier
   2. Exercise:
      a. Progressive 90-45° OKC, CKC, balance/proprioceptive work
      b. Progressive cardio
      c. Light but progressive agility and foot work drills
      d. Progressive hip and core work

D. 10-12 weeks post-op: Introduce interval jog-running

E. 12-16 weeks post-op: Start Sport Specific Training
   1. Jog advanced to running and sprinting
   2. Progressive plyometrics
   3. Progressive agilities and sport specific training and streamlining

F. 16 weeks post-op
   1. Strength testing
   2. Continue PT progressions as indicated