

ACL Reconstruction Combined with Meniscal Repair Protocol (HS, Quad, or Patellar Tendon Autograft)

Dr. Duethman

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- 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 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. 16 weeks post-op: Introduce interval jog-running
- E. 20 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