ACL Reconstruction with Meniscal Repair Physical Therapy Protocol

Patient Name:_________________________________________ Date:_______________

Surgery: Right/Left ACL Reconstruction with BTB Autograft, Hamstring Autograft, Quadriceps Autograft, Allograft; MM Repair; LM Repair

Date of Surgery________________

Frequency:  1     2     3     4      times/week  Duration:  1     2     3     4     5     6 Weeks

WEEK 1-2  Ambulate TTTW in Bledsoe Brace locked @ 0° in Full Extension for first 4 weeks
Crutches for at least 4 weeks
  Limit Range of Motion in weeks 1-2 from 0° to 70°
  Range of Motion     Active / Active-Assisted / Passive
Quadriceps and Hamstring stretching
Quadriceps Strengthening     V.M.O. Strengthening
  Full Arc     0-30° Arc
  Begin Straight Leg Raises (Knee at 0° in Full Extension)
  Electrical Stimulation for Quadriceps

WEEK 3-4  Range of Motion in weeks 3-4 increase 0° to 90°
  WBAT with brace locked in extension until week 6
  May Begin Exercise Bike, Closed Kinetic Chain Exercises

WEEK 5-6 Range of Motion in weeks 5-6 increase to Full ROM
  Wean out of Brace @ 6 weeks

Switch to standard ACL rehabilitation protocol after 6 weeks

Comments:

___ Functional Capacity Evaluation     ___ Work Hardening/Work Conditioning     ___ Teach HEP

Modalities
___ Electric Stimulation     ___ Ultrasound     ___ Iontophoresis     ___ Phonophoresis     ___ TENS     ___ Heat before
___ Ice after     ___ Trigger points massage     ___ Therapist’s discretion

Signature__________________________________________ Date__________________