

## Physical Therapy Protocol – ACL Reconstruction with Meniscus Repair

	Weight Bearing	Brace Use	Range of Motion	Therapy*
Phase I 0-2 weeks	Touch-down weight bearing (TDWB) with crutches.	Locked in extension (may remove for exercises).	Passive flexion 0-90 degrees. Obtain full extension.	<ul> <li>Modalities as needed.</li> <li>Quad sets, seated hip flexion, patella mobilizations.</li> <li>Prone hangs, SLR, heel slides.</li> <li>No active or resisted hamstring activity for 6 weeks.</li> </ul>
2-6 weeks	Weight bear as tolerated (WBAT) with crutches.	Progressively open brace to 90 degrees.	Advance to full ROM as tolerated.	<ul> <li>Continue above.</li> <li>No weightbearing with knee flexed greater than 90 degrees.</li> </ul>
Phase II 6 – 12 weeks	Discontinue crutches when walks with normal gait. Full weight bearing as tolerated (WBAT).	Discontinue brace at 6 weeks.	Maintain full ROM. Okay to weight bear with knee flexed over 90 degrees.	<ul> <li>Stationary bike, wall sits, lunges</li> <li>Balance exercises.</li> <li>Begin resisted hamstring exercises, gradually increase resistance.</li> <li>Closed chain extension.</li> </ul>
Phase III 12-16 weeks	Full WBAT.	None	Maintain full ROM.	• 12 weeks: begin straight ahead running, proprioception exercises
Phase IV 16-24 weeks	Full WBAT.	None	Maintain full ROM.	<ul> <li>16 weeks: begin jumping, swimming, advance strengthening exercises, leg press, start elliptical.</li> <li>20 weeks: sprinting; forward-backwards running, sports specific training, cutting. Sports metrics (plyometrics) advanced jumping and landing program. Advanced strengthening program.</li> <li>24 weeks: functional sports assessment.</li> <li>6-8 months: return to sport if approved by surgeon.</li> </ul>

\*Modalities per therapist including electrical stimulation, ultrasound, heat (before), ice (after).