

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.	 Modalities as needed. Quad sets, seated hip flexion, patella mobilizations. Prone hangs, SLR, heel slides. No active or resisted hamstring activity for 6 weeks.
2-6 weeks	Weight bear as tolerated (WBAT) with crutches.	Progressively open brace to 90 degrees.	Advance to full ROM as tolerated.	 Continue above. No weightbearing with knee flexed greater than 90 degrees.
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.	 Stationary bike, wall sits, lunges Balance exercises. Begin resisted hamstring exercises, gradually increase resistance. Closed chain extension.
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.	 16 weeks: begin jumping, swimming, advance strengthening exercises, leg press, start elliptical. 20 weeks: sprinting; forward-backwards running, sports specific training, cutting. Sports metrics (plyometrics) advanced jumping and landing program. Advanced strengthening program. 24 weeks: functional sports assessment. 6-8 months: return to sport if approved by surgeon.

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