

## Physical Therapy Prescription – ACL Reconstruction with Meniscus Repair

Name:

Date of Surgery: \_\_\_\_\_

**Procedure:** R / L ACLR with Meniscus Repair **Frequency:** 2-3 times per week for 6 weeks

PHASE I (Weeks 0 - 6): Period of protection, decrease edema, activate quadriceps

- Weightbearing:
  - Weeks 0-4: Toe Touch Weight bearing
  - Weeks 4-6: Progress to full weight-bearing in brace, wean off crutches
- Hinged Knee Brace:
  - Weeks 0-4: Locked in full extension for ambulation and sleeping (weeks 0-4)
  - Range of Motion: AAROM → AROM as tolerated; no weight-bearing with knee flexion angles >90°
- **Therapeutic Exercises:** Patellar mobs, quad/hamstring sets, heel slides, Gastroc/Soleus stretching, straightleg raises with brace in full extension until quad strength prevents extension lag
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

## Phase II (Weeks 6 - 16)

- Range of Motion: Full, painless
- Therapeutic Exercises: Advance closed chain strengthening exercises and proprioception activities
  - Begin use of the Stairmaster/Elliptical at **12 weeks**
  - Swimming with pull bouy at **12 weeks**
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 16 - 24): Gradual return to athletic activity

- **16 weeks:** begin jumping and running linearly
- **20 weeks:** advance to sprinting, backward running, cutting/pivoting/changing direction
- 24 weeks: consider functional sports assessment

Phase IV (>6 months): Gradual return to athletic activity

- Gradual return to sports participation after completion of functional sports assessment
- Encourage maintenance program based off functional sports assessment