



ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION WITH MENISCAL BODY REPAIR Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

Procedure: Right/Left ACL Reconstruction with Hamstring Autograft

Associated Procedure (circled if applicable): Meniscectomy/Meniscal Repair

____ Evaluate and Treat – no open chain or isokinetic exercises

____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

____ **Phase I (0-6 weeks):** *Period of protection****

- **Weight Bearing:** Partial with crutches.
 - 0-2 week: Toe-touch weight-bearing.
 - 2-4 week: Advance to 50% weight-bearing in brace with crutches.
 - 4-6 week: Progress to full weight-bearing in brace, wean off crutches.
- **Hinged Knee Brace:**
 - 0-2 week: Locked in full extension for ambulation and sleeping.
 - 2-6 weeks: Unlocked (0-90°) for ambulation and removed while sleeping.
- **ROM:** AAROM → AROM as tolerated; **no weight-bearing with knee flexion angles >90°.**
- **Therapeutic Exercises:** Patellar mobs, quad/hamstring sets, heel slides, Gastroc/Soleus stretching, straight-leg 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 (6-12 weeks):** *Advance strengthening.*

- **Transition to custom ACL brace** if ordered by physician.
- **ROM:** continue with daily ROM exercises (goal: increase ROM as tolerated)
- **Strengthening:** increase closed-chain activities to 0-90 degrees. Add pulley weights, theraband, etc. Monitor for anterior knee pain symptoms. Add core strengthening exercises.
- Add side lunges and/or slideboard.
- Continue stationary bike and biking outdoors for ROM, strengthening, cardio.

_____ **Phase III (12-18 weeks): *Begin more sport-focused conditioning.***

- Advance strengthening as tolerated, continue closed-chain exercises. Increase resistance on equipment.
- May begin Elliptical.
- No straight ahead jogging until 4.5-5 months post op.
- Begin to wean patient from formal supervised therapy encouraging independence with home exercise program.
- Strict avoidance of open chain exercises.

_____ **Other:**

- _____ Modalities _____ Electrical Stimulation _____ Ultrasound
_____ Heat before/after _____ Ice before/after exercise
_____ May participate in aquatherapy after week three, begin aqua-running week 6

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____