



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

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

**Procedure:** Right/Left ACL Reconstruction

**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 (0-4 weeks):**

- TDWB, Brace locked at 0 degrees for ambulation and sleeping.
- ROM: 0-90° with emphasis on full extension.
- Patella mobilization.
- SLR supine with brace locked at 0 degrees, Quad Sets.
- Ankle Pumps.
- Short crank (90mm) ergometry.

\_\_\_\_\_ **Phase II (4-6 weeks):**

- Begin WBAT. Unlock Brace for Weight Bearing.
- No weight bearing past 90° for ACL with meniscal repair.
- D/C crutches when gait is non-antalgic (six weeks with meniscal repair).
- ROM: 0-125 degrees (Maintain full extension).
- Active knee extension to 40 degrees.
- Standard (170mm) ergometry (when knee ROM > 115 degrees).
- Leg Press (80-0 degree arc).
- Mini Squats / Weight Shifts.
- Proprioception training.
- Initiate Step Up program.
- Avoid Tibial Rotation until 6 weeks.

\_\_\_\_\_ **Phase III (6-14 weeks):**

- D/C Brace and wean from crutches.
- Progressive Squat program.
- Initiate Step Down program.
- Leg Press, Lunges.
- Isotonic Knee Extensions (90-40 degrees, closed chain preferred).
- Agility exercises (sport cord).
- Versaclimber/Nordic Track.
- Retrograde treadmill ambulation.

\_\_\_\_\_ **Phase IV (14-22 weeks):**

- Begin forward running (treadmill) program when 8" step down satisfactory.
- Continue Strengthening & Flexibility program.
- Advance Sports-Specific Agility Drills.
- Start Plyometric program.

\_\_\_\_\_ **Phase V (22 weeks):**

- Advance Plyometric program, Return to Sport (MD Directed).

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: \_\_\_\_\_