# ACL Reconstruction with Meniscal Repair

This protocol provides guidelines for the rehabilitation for an ACL Reconstruction with a concordant meniscus repair. Communication with the surgeon needs to continue during the rehabilitation process. Each plan of care should be individualized for each patient. If hamstring autograft, avoid resisted hamstring contraction for 6 weeks.

<table>
<thead>
<tr>
<th>Phase I: Weeks (0 – 6)</th>
<th>Phase II: Weeks (6 – 12)</th>
<th>Phase III: Weeks (12 – 18)</th>
<th>Phase IV: (18 weeks+)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight-bearing Restrictions:</strong></td>
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<tr>
<td>NWB for 6-8 weeks</td>
<td>Progress as tolerated or per physician’s discretion</td>
<td>None</td>
<td>None</td>
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<td><strong>Post-op Brace:</strong> Locked at 0° with ambulation; 0 - 90° NWB to allow ROM</td>
<td><strong>Post-op Brace:</strong> Unlocked with ambulation and brace set to patient’s available ROM; D/C when patient achieves 0 - 120° and good quad control with ambulation</td>
<td><strong>Post-op Brace:</strong> None</td>
<td><strong>Post-op Brace:</strong> None</td>
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<tr>
<td><strong>ROM:</strong> 0 - 90°</td>
<td><strong>ROM:</strong> Full ROM as tolerated</td>
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<td><strong>Goals:</strong></td>
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<tr>
<td>- Maintain graft integrity</td>
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<td>- Transition to Independent Rehab Program (IRP)</td>
<td>- Isokinetic test at 18 weeks</td>
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<td>- SLR with no extension lag</td>
<td>- Achieve normalized gait pattern</td>
<td>- Improve strength / proprioception</td>
<td>- Strength at least 75% to begin running, agility and sports specific activity</td>
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<td>- Decrease pain and inflammation</td>
<td>- Minimize joint effusion</td>
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<td>- Return to work: physician’s discretion</td>
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<td>- Minimize joint effusion</td>
<td>- Improve strength / proprioception</td>
<td></td>
<td>- Return to sport: 8 months</td>
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<tr>
<td>- P/AROM: 0 - 90°</td>
<td>- Ambulate within W/B restriction with brace locked at 0°</td>
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</tbody>
</table>

**RX Guidelines:**
- Prone hangs for extension or 3 X 10 = 0 board
- Patellar mobilizations
- NMES or biofeedback for quad contraction
- Quad sets
- SLR if adequate quad control
- 4-way SLR
- Hip rotator strengthening
- LAQ 90° to 30° (no resistance)
- Hamstring stretching
- T-band ankle strengthening
- **No isolated resistance to knee flexion**
- Retro treadmill walking for knee extension
- CKC Terminal Knee Extension
- Wall squats / slides 0 - 60° \( \rightarrow \) 0-90°
- Leg press 0 - 60°
- Resisted hamstring curls
- Step ups (forward, lateral)
- Progress double to single leg heel raises
- Multi-hip
- Weight shifting (rockerboard)
- Double \( \rightarrow \) Single leg balance
- Partial lunges (front and lateral)
- **8 weeks:**
  - OKC quad PRE’s 90 - 30°; submax isokinetics
  - LAQ 90 - 0° (no resistance)
  - Total leg strengthening (including hamstrings)
  - Advanced proprioceptive exercises
  - Lunges to 90°
  - Monster walks / sidestep with resistance band
  - Euroglide
  - Step downs

**16 weeks+:**
- OKC Quad PRE’s (90° - 0°)
- Functional squatting past 90° allowed 4 – 6 months

**Updated / Approved:** 2/8/11