

Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Meniscus Repair

Phase 1 (Weeks 0-4)

- Weightbearing:
 - Partial weight bearing (50%) with crutches (Weeks 0-2)
 - Weight bearing as tolerated with crutches (Weeks 2-4)
- Hinged Knee Brace:
 - Locked in full extension for ambulation and sleeping (Weeks 0-1)
 - Unlocked for ambulation and removed while sleeping (Weeks 1-4)
- Range of Motion: AAROM \rightarrow AROM; 0-90° (no flexion beyond 90° for first 4 weeks)
- Therapeutic Exercises
 - Quad/Hamstring sets and heel slides
 - Non-weightbearing stretch of the Gastroc/Soleus
 - Straight-Leg Raise with brace in full extension until quad strength improves and extension lag is eliminated
 - If hamstring autograft harvest was performed, avoid hamstring stretching until 4 weeks post-op

Phase 2 (Weeks 4-6)

- Weightbearing: As tolerated discontinue crutch use
- **Hinged Knee Brace:** Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- Range of Motion: Maintain full knee extension work on progressive knee flexion as tolerated
 - Okay to progress flexion beyond 90°
- Therapeutic Exercises
 - Okay to begin blood flow restriction therapy
 - Closed chain extension exercises
 - Hamstring stretching, Toe raises, Balance exercises
 - Progress to weightbearing stretch of gastrocnemius/soleus
 - Begin use of stationary bicycle
 - Avoid tibial rotation for the first 6 weeks post-op

Phase 3 (Weeks 6-16)

- Weightbearing: Full weightbearing without brace
- Range of Motion: Full/Painless ROM
- Therapeutic Exercises
 - Begin hamstring strengthening
 - Advance closed chain strengthening exercises, proprioception activities
 - Begin use of Stairmaster/Elliptical
 - Can start straight ahead running at 12 weeks

Phase 4 (Months 4-6)

- Continue with strengthening (quad/hamstring) and flexibility
- Begin cutting exercises and sport-specific drills
- Return to sports at 6 months