

ACL Reconstruction with Meniscus Repair

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The surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol, including if *deceleration* of these time frames is desired.

Phase I (Weeks 0 – 4)	Phase II (Weeks 4 – 8)	Phase III (Weeks 8 – 16)	Phase IV (Weeks 16+)
<p>PRECAUTIONS</p> <ul style="list-style-type: none"> No pool activity No knee flex > 90° passively <p>*Defer to surgeon preference on ROM restriction and weight bearing status</p> <ul style="list-style-type: none"> No knee flexion > 45° in weight bearing <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Swelling/Wound Management Patellar mobs NMES ROM as tolerated Gait Training <p>EXERCISES</p> <ul style="list-style-type: none"> AAROM knee flexion with over-pressure Stationary biking, partial range rocking Passive extension stretching Patellar mobs Ankle pumps Quad sets Multiplanar SLR Calf raises Hamstring bridge TKE with band NMES is strongly recommended to improve quad strength <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> Wean from brace after 6 weeks or per surgeon instruction: SLR x 10 without lag Single leg stance w/ UE support ROM <ul style="list-style-type: none"> Extension: 0° Flexion: 90° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> No running or cutting activities No knee flexion > 90° in weight bearing <p>*Defer to surgeon preference on ROM restriction and weight bearing status</p> <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Wean from brace after 6 weeks Swelling Management Patellar mobs NMES Manual knee flexion/extension stretching Light scar mobilization when wound closed Blood Flow Restriction Training Pool therapy when OK'ed by MD <p>EXERCISES</p> <ul style="list-style-type: none"> Leg press (double/single) Forward and Lateral Step ups Knee extension (90-45° only) CKC hip strengthening Progress proprioceptive activities Wall slides and steps ups within ROM 0-60° 6 weeks: Slowly add hamstring strengthening Continue NMES Pool Therapy when OK'ed by MD <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> Normal gait mechanics -Single leg stance control w/o UE support Effusion managed ROM <ul style="list-style-type: none"> Flexion: >120° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> Watch for patellofemoral pain <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Blood Flow Restriction Training Manual Therapy PRN Eccentric Training (CKC) <p>EXERCISES</p> <ul style="list-style-type: none"> Advance CKC strengthening single leg without dynamic valgus Step downs Lunges High level hamstring loading <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> Negotiate stairs normally Restore limb confidence ROM Full extension Flexion within 10° of uninvolved side 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> No jumping, cutting, or sprinting until cleared <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Blood Flow Restriction Training for atrophy if needed <p>EXERCISES 16-20 weeks</p> <ul style="list-style-type: none"> Running: initiate walk-jog program Jumping: double progress to single leg High level strengthening: single leg on unstable surfaces without dynamic valgus <p>20+ weeks</p> <ul style="list-style-type: none"> Agility drills/plyometrics without dynamic valgus Sports specific activities >90% of limb symmetry on Functional Testing <p>24+ weeks</p> <ul style="list-style-type: none"> Cutting/sport specific activities if cleared <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> Return to sport or heavy work cleared by MD >90% of limb symmetry on Functional Testing Within 1 cm quad girth difference side to side

Questions and updates regarding the progress of any specific patient are encouraged and should be directed to Dr. Cooper at 952-456-7617.