

ACL Reconstruction with Meniscus Root 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 – 6)	Phase II (Weeks 6 – 8)	Phase III (Weeks 8 – 16)	Phase IV (Weeks 16+)
<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • NO WEIGHT BEARING • No pool activity • No knee flex > 90° passively <p>*Defer to surgeon preference on ROM restriction and weight bearing status</p> <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"> • Switch from TROM to unloader 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"> • Continue unloader brace until 12 weeks • 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 16-22 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>22+ 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.