

ACL Reconstruction & Meniscal Repair

General Information:

The intent of these guidelines is to provide the therapist with direction for the postoperative rehabilitation course of a patient that has undergone an ACL reconstruction & Meniscal Repair. It is not intended to be a substitute for appropriate clinical decision-making regarding the progression of a patient's post-operative course. The actual post surgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or the presence of post-operative complications. If a therapist requires assistance in the progression of a post-operative patient they should consult with the orthopedic surgeon.

First Post-op week - begin POD #1

- Rest, ice compression wrap, elevation
- Elevation with knee in maximal extension optimal as much as tolerated (i.e. pillows under calf or heel)
- ROM rehab brace/splint
- Ankle AROM as much as possible
- Quad isometrics with knee in full passive extension
- Straight leg raise ok in brace only (locked in full extension)
- Gastroc isometrics
- Patellar mobilization as soon as pain permits
- **Supine heel slides with terminal stretch to increase flexion to 90 degrees by 4 weeks postop; do not exceed this ROM goal prior to 4 full weeks postop**
- Sit and allow knee flexion over edge of table to facilitate flexion to 90
- Supine knee passive extension with wedge under heel to promote full hyperextension
- Must sleep in brace

Weeks 2-4

- Same as first week, primary emphasis on increasing ROM (full hyperextension, flexion to 90)
- Continue crutches with brace locked at 0
- Add supine SLR out of brace when able to do so with no extensor lag
- Side lying SLR begins
- Continue brace. Must sleep in brace

Weeks 5-6

- Progress ROM to full, including flexion
- Rehab brace open 0 to 90, may wean from nighttime brace use as tolerated
- More aggressive patellar mobilization
- May begin stationary cycle, no resistance
- Progress to full WBAT
- Transition to functional knee brace is not routine but optional for at risk patients at 6 full weeks post-op

Weeks 7-12

- Continue aggressive terminal stretching, should be full AROM early in this time frame
- Begin treadmill, backwards treadmill ok
- Gradually increase resistance and endurance on stationary cycle
- Light sport cord or theraband resisted closed kinetic chain resistance training
- May transition to high rep, low resistance weight training after 2 full months postop, if motion full. No open chain knee extension, no flexion greater than 90 degrees during strength exercises
- Quarter squats ok, no knee flexion angle greater than 90
- Continue functional knee brace full time except sleep

Transition to standard ACL reconstruction guidelines

Updated: 10/09/08

Guidelines based on ACL Reconstruction with Meniscal Repair – Southwell Orthopedics, Laramie, WY