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Physical Therapy Prescription – ACL Reconstruction with Meniscus Repair

Name:	Date of Surgery:
Procedure: R / L ACLR with Meniscus Repair Frequency: 2-3 times per week for 6 weeks	

PHASE I (Weeks 0 - 6): Period of protection, decrease edema, activate quadriceps

- Weightbearing: Partial with crutches
 - Weeks 0-2: 50% weight bearing
 - Weeks 2-4: Continue to 50% weight-bearing in brace with crutches
 - Weeks 4-6: Progress to full weight-bearing in brace, wean off crutches
- **Hinged Knee Brace**:
 - Weeks 0-2: Locked in full extension for ambulation and sleeping (weeks 0-4)
 - Weeks 2-6: Only unlock when cleared by practice (0-90°) for ambulation and removed while sleeping
- Range of Motion: AAROM → AROM as tolerated; no weight-bearing with knee flexion angles >90°
- Therapeutic Exercises: Patellar mobs, guad/hamstring sets, heel slides, Gastroc/Soleus stretching, straightleg raises with brace in full extension until quad strength prevents extension lag
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 - 16)

- Range of Motion: Full, painless
- Therapeutic Exercises: Advance closed chain strengthening exercises and proprioception activities
 - Begin use of the Stairmaster/Elliptical at 8 weeks
 - Straight ahead running permitted at 12 weeks
 - Swimming okay at 16 weeks
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 16 - 24): Gradual return to athletic activity

- 16 weeks: begin jumping
- 20 weeks: advance to sprinting, backward running, cutting/pivoting/changing direction
- 24 weeks: consider functional sports assessment

Phase IV (>6 months): Gradual return to athletic activity

- Gradual return to sports participation after completion of functional sports assessment
- Encourage maintenance program based off functional sports assessment

Signature:	Date: