

Physical Therapy Prescription – ACL Reconstruction with Meniscus Repair

Name: _____ Date: _____

Procedure: R / L ACLR with BPTB autograft / HS autograft / allograft, and medial / lateral meniscus repair

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

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

- **Weightbearing:** Partial with crutches
 - **Weeks 0-2:** Toe-touch weight-bearing
 - **Weeks 2-4:** Advance 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 2-6:** unlocked (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, quad/hamstring sets, heel slides, Gastroc/Soleus stretching, straight-leg 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: _____