

## ACL Reconstruction with Meniscal Repair

(Discuss repair location, type, and tissue integrity with MD after initial evaluation to account for any modifications)

### Phase 1 – MOTION AND MOBILITY

**Week 0-6** Patellar tendon and patellar complex mobilization emphasized for at least the first 6-8 weeks Quad set progressing to SLR (with NMES, biofeedback)  
ROM: emphasize full extension (prone hangs/heel props); heel slides per ROM precautions, no active heel slides from weeks 0-4  
NO bike until 90° ROM limit is lifted  
No closed-chain exercises, with exception of TKE, balance, and gait  
**ROM:** 0-90° for 4 weeks; then advance as tolerated  
**Brace:** locked in extension (weeks 0-6); then unlock 0-90° if patient demonstrates good quad control  
**Weight-bearing:** NWB for 2 weeks progressing to 25% on week 3. Then continue with 25% every week until reaching full weight bearing by 6 weeks. WBAT w/ brace locked in extension weeks 0-6

### Phase 2 – ENDURANCE

**Week 7-12** Ensure full knee extension is maintained prior to and during progression of CKC activities Closed-chain progression (+/- including squat, lunge, step-up, bridge) Progress from double leg to single leg; from stable to unstable surfaces  
Balance progression  
Bike for cardiovascular fitness/quad endurance Gradual initiation of frontal plane exercise  
**ROM:** Should achieve full ROM  
**Weight-bearing:** progress to FWB

Note: Non-athletes may be appropriate for discharge to independent home program at this time if able to complete work and life demands. Check for safety with stair negotiation and ambulation on uneven surfaces.

### Phase 3 – STRENGTH

**Week 13-20** Increase sets/duration of closed-chain strengthening in varied proprioceptive environments Initiate squat jump progression from shuttle to gravity dependent position.  
Advance plyometrics from bilateral to unilateral as patient demonstrates knee control  
Emphasize deceleration and eccentric control  
- Pass sport cord test around 5 months to allow advanced agility progression to begin.  
- No loaded deep knee flexion for at least 4-6 months

### Phase 4 – AGILITY, POWER, RETURN TO SPORT

**Week 20+** Sport-specific movement patterns practiced in supervised and controlled environment Graded re-integration into sport activities with MD and PT clearance  
- No loaded deep knee flexion for at least 4-6 months

**Return to Activities** See functional criteria

Running: 5-6 months



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Golf: Short irons at 5 months, full swing with long irons at 6 months. Delay 4-6 weeks if lead leg. Pivoting/cutting sport: When functional criteria are met and cleared by surgeon, typically 6 months at earliest.