

Rehabilitation Protocol: Combined Anterior Cruciate Ligament (ACL) Reconstruction and Meniscal Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-4)

- **Weightbearing:** Partial weight bearing (50 percent) with crutches (may be modified if concomitant meniscal repair/meniscal transplant or articular cartilage procedure is performed)
- **Hinged Knee Brace:**
 - Locked in full extension at all times unless doing PT/Exercise (**Weeks 0-1**)
 - Unlocked for ambulation (0-90 degrees) and removed while sleeping as long as can do straight leg raise (**Weeks 1-4**)
- **Range of Motion** – AAROM → AROM as tolerated
- **Therapeutic Exercises**
 - Quad/Hamstring sets
 - Heel slides
 - Non-weightbearing stretch of the Gastroc/Soleus
 - Straight-Leg Raise with brace in full extension until quad strength prevents extension lag
 - Active extension of the knee/pushdowns, goal to PREVENT FLEXION CONTRACTURE
 - Prevention of Arthrogenic Muscle Inhibition (AMI)
 - <https://journals.sagepub.com/doi/10.1177/26350254221086295>
 - The link above contains an education video regarding AMI

Phase II (Weeks 4-6)

- **Weightbearing:** As tolerated – discontinue crutch use
- **Hinged Knee Brace:** Discontinued at 6 weeks postop
- **Range of Motion:** Maintain full knee extension – work on progressive knee flexion
- **Therapeutic Exercises**
 - No deep bends for first 4 months
 - Closed chain extension exercises
 - Hamstring curls
 - Toe raises
 - Balance exercises
 - Progress to weightbearing stretch of the Gastroc/Soleus
 - Begin use of the stationary bicycle

Phase III (Weeks 6-16)

- **Weightbearing:** Full weightbearing
- **Range of Motion:** Full/Painless ROM
- **Therapeutic Exercises**
 - No deep bends for first 4 months
 - Advance closed chain strengthening exercises, proprioception activities
 - Begin use of the Stairmaster/Elliptical
 - **Can Start Straight Ahead Running at 12 Weeks**

Phase IV (Months 4-6)

- Gradual return to athletic activity as tolerated



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- Maintenance program for strength and endurance

Comments:

Frequency: _____ **times per week** **Duration:** _____ **weeks**

Signature: _____ **Date:** _____