



### ACL Reconstruction with Meniscus Repair - Physical Therapy Prescription

\*\*\*Please fax initial assessment and subsequent progress notes directly to DM Ortho at 303-789-3010\*\*\*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: R / L ACLR BPTB autograft / HS autograft / allograft  
medial / lateral meniscus repair

Date of Surgery: \_\_\_\_\_

Frequency: 2-3 times per week for \_\_\_\_\_ weeks, Therapy to start 3-5 days after surgery

#### **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:** FOCUS ON QUAD ACTIVATION, 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 (6-9+ 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: \_\_\_\_\_