

# Megan R. Wolf, MD Sports Medicine

# ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION WITH MENISCUS REPAIR (PERIPHERAL/VERTICAL)

Post-Operative Protocol

# Phase I - Maximum Protection

#### Weeks 0 to 3:

- Brace locked in full extension during all ambulation for 3 weeks
  - Can unlock brace to allow 0-90 degrees for unloaded range of motion only
- Use two crutches with touch-down weight bearing (<25% body weight) at all times for 3 weeks</li>
- Limit knee flexion to 90-degrees for 3 weeks

#### Goals

- o Reduce inflammation and pain
- 0 degrees of knee extension

# **Exercise progression**

- Quadriceps setting using NMES as needed
- Emphasize patellofemoral mobilizations
- Passive/active knee range of motion with 90° flexion limit
- Quadriceps setting emphasize VMO function
- Multi-plane straight leg raising
- Open chain hip strengthening
- Gait training

#### Weeks 3 to 6:

- Brace open 0-90 degrees for ambulation
- Continue using two crutches, with gradual progression of weight bearing
  - Increase WB to FWB over next 2 weeks
  - o Progress as tolerated past 90 degrees of knee flexion

# <u>Goals</u>

- o Reduce inflammation and pain
- 0 degrees of knee extension

# Phase II - Progressive Stretching and Early Strengthening

#### Weeks 6 to 8:

Discontinue brace

#### Goals

- Full knee extension/hyperextension
- Gradual progression to full knee flexion
- No swelling
- Normal gait

# Exercise progression

- Continue to emphasize patella mobility
- o Begin bilateral closed kinetic chain strengthening limited range initially
- Step-up progression
- Begin stationary bike with light resistance initially
- o Proprioception drills
- Gait training normalize gait pattern

www.meganwolfmd.com

Medical Plaza Miller 131 Miller St. Winston-Salem, NC 27103 Phone: 336-716-8200 Fax: 336-716-9841

# Phase III - Advanced Strengthening and Endurance Training

#### Weeks 8 to 10:

#### Goals

Full knee range of motion

#### **Exercise progression**

- Avoid rotational movements for 14 weeks
- Advance stationary biking program (increase intensity)
- o Introduce treadmill walking and elliptical trainer
- o Begin unilateral closed kinetic chain program
- o Gym strengthening progression (leg press above 90-degrees, hamstrings curls etc.)

#### Weeks 10 to 12:

#### Exercise progression

- Outdoor biking
- Lunge progression (retro, walk and split) as indicated
- Swimming free style
- o Forward/backward elevated treadmill walking
- Deep water pool running progression

#### Weeks 12-14

Administer preliminary functional test for physician to review

#### Phase IV – Advance Strengthening and Running Progression

#### Weeks 12 to 20:

# **Exercise progression**

- o Progress resistance with squat and lunge strengthening program.
- $\circ$  May add leg extensions at 30° 0° (exclude patients with patellar or trochlear groove chondral pathology)
- Basic ladder series
- Lateral lunge progression
- Begin linear jogging
- Basic plyometric box progression week 16

# Criteria to progress to Phase V

- Pass Return to Sport test at >90% (involved vs uninvolved limb)
  - See testing protocol

# Phase V - Return to Sport

#### Weeks 20 to 24:

# Exercise progression

- o Advance ladder, hurdle and plyo box progressions
- Sport specific field/court drills
- Non-contact drills

# Criteria to be released for return to sport

- o Follow-up examination with the physician
- Pass return-to-sport functional test at >90% (involved vs uninvolved limb)
  - See testing protocol
- Display symmetry and confidence in high-speed cutting, multi-plane plyometric drills, sprinting and decelerating

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