Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Anterior Cruciate Ligament (ACL) Reconstruction
With Posterolateral Corner (PLC) Reconstruction
And Meniscal Repair (Radial/Root)
Post-Operative Protocol

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Phase I – Maximum Protection

Weeks 0 to 3

- Brace - 0-90 degrees for unloaded range of motion only
  - Recommend locking in extension during sleep
- Use two crutches NWB at all times for 6 weeks
- Limit knee flexion to 90-degrees for 3 weeks

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

  Exercise progression
  - 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

- Limit knee flexion to 120 degrees

  Goals
  - Reduce inflammation and pain
  - Maintain 0° of knee extension

Phase II – Progressive Stretching and Early Strengthening

Weeks 6 to 8

- Brace – open to 0-90 degrees for ambulation, does not have to sleep in brace
- Continue using two crutches, with gradual progression of weight bearing
  - Increase WB to FWB over next 2 weeks

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

  Exercise progression
  - Continue to emphasize patella mobility
  - Begin bilateral closed kinetic chain strengthening limited range initially
  - Step-up progression
  - Begin stationary bike with light resistance initially
  - Proprioception drills

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Phase III – Advanced Strengthening and Proprioception

Weeks 8 to 10

- Discontinue brace

Goals
- Full knee flexion and extension

Exercise progression
- Avoid rotational movements until 14 weeks
- Begin full gym strengthening program
- Advance stationary biking program (increase intensity)
- Introduce treadmill walking and elliptical trainer
- Begin unilateral closed kinetic chain program
- 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
- Forward/backward elevated treadmill walking

Weeks 12 to 14:

Administer preliminary functional test for physician to review

Phase IV – Advance Strengthening and Running Progression

Weeks 12 to 20:

Exercise progression
- Progress resistance with squat and lunge strengthening program
- Begin light plyometric drills, progress from bilateral to unilateral
- Begin linear jogging – week 16
- Progress to lateral and rotational stresses at 18 weeks
- Multi-directional drills at 18-20 weeks

Phase V – Return to Sport

Weeks 20 to 24:

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

Criteria to be released for return to sport
- 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