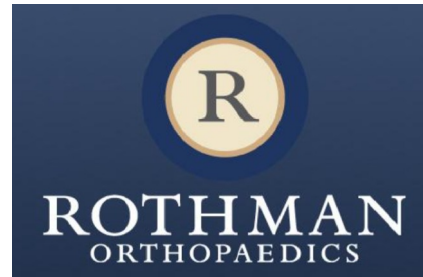Brandon J. Erickson, MD
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ACL Reconstruction with Meniscal Repair Physical Therapy Protocol

Patient Name:_____Date:_____

Surgery: Right/Left ACL Reconstruction with BTB Autograft, Hamstring Autograft, Quadriceps Autograft, Allograft; MM Repair; LM Repair

Date of Surgery_____

Frequency: 1   2   3   4   times/week   Duration: 1   2   3   4   5   6 Weeks

WEEK 1-2   Ambulate TTWB in Bledsoe Brace locked @ 0° in Full Extension for first 4 weeks
        Crutches for at least 4 weeks
          Limit Range of Motion in weeks 1-2 from 0° to 70°
        Range of Motion   Active / Active-Assisted / Passive
        Quadriceps and Hamstring stretching
        Quadriceps Strengthening   V.M.O. Strengthening
              Full Arc   0-30° Arc
             Begin Straight Leg Raises (Knee at 0° in Full Extension)
             Electrical Stimulation for Quadriceps

WEEK 3-4   Range of Motion in weeks 3-4 increase 0° to 90°
        WBAT with brace locked in extension until week 6
          May Begin Exercise Bike, Closed Kinetic Chain Exercises

WEEK 5-6 Range of Motion in weeks 5-6 increase to Full ROM
         Wean out of Brace @ 6 weeks

Switch to standard ACL rehabilitation protocl after 6 weeks

Comments:

____Functional Capacity Evaluation   ____Work Hardening/Work Conditioning   ____ Teach HEP

Modalities
___Electric Stimulation ___Ultrasound ___ Iontophoresis ___Phonophoresis ___TENS ____ Heat before

___Ice after ___Trigger points massage ____ Therapist's discretion

Signature_____ Date_____