



Return-to-Sport after ACL with Meniscal Repair Reconstruction Protocol

This protocol is a criterion-based protocol, with a goal of maximizing healing and strength recovery, while minimizing risk of re-injury, so the athlete can return, as quickly and safely as possible, to athletic activities at the pace that each individual progresses.

*****This is a summary of a clinical reference protocol, use the link below to view the protocol in its entirety*****

Post-Operative Phase I: Approximately Weeks 2-3

ROM:

- PROM 0-90°
 - Do not bend knee greater than 90°

Brace/Weight Bearing:

- Continue to ambulate “Partial Weight Bearing” with brace unlocked and with use of crutches unless otherwise instructed by M.D.

Treatment:

- Manual Patella Mobs superior/inferior, medial/lateral to improve mobility
- NMES with quadriceps exercises to improve quadriceps contraction if needed
- Perform Scar Mobs if skin is healed
- Begin 4-way SLR with 1# and increase 1# per week
- NO resisted hamstring exercises
- Continue to use ice with elevation if needed to control swelling

Post-Operative Phase II: Approximately Weeks 4-8

ROM:

- Increase to full range of motion 0-135°

Brace/Weight Bearing:

- Progress to WBAT with brace locked in full extension (non weight bearing while knee is in flexion)
- Discontinue brace after week 6

Treatment:

- Begin stationary bike as ROM allows
- Begin balance and proprioception training
- Begin low impact, sub maximal leg strengthening
- No open chain concentric quadriceps exercises
- NO high impact exercises
- NO resistive hamstring exercise >90°

Criteria for entering Phase III:

- Minimal pain and swelling
- Full, symmetric or near symmetric ROM
- Voluntary quadriceps control

Post-Operative Phase III: Approximately Weeks 8-20

Treatment:

- After week 12, may begin jog/run program with 70% quadriceps strength and M.D. Approval
- NO open chain concentric quadriceps
- NO high impact

Criteria for entering Phase IV:

- Minimal pain/tenderness
- Minimal swelling
- Quad strength at least 75% of uninvolved leg

Post-Operative Phase IV: Approximately Months 5-6

Treatment:

- Controlled slow forward and backward jogging on level surface
- Trampoline Jogging
- Low intensity impact activities
- Progress with functional closed chain exercises (lunges, sport cord training, mini-tramp jobbing, slide board)

Criteria for entering Phase V:

- No pain or swelling
- Full ROM

Post-Operative Phase V: Approximately Months 6-8

Treatment:

- Introduce running program if:
 - Isokinetic test – 85% > of opposite leg (quads)
 - Isokinetic test – 90% > of opposite leg (hamstrings)
 - Isokinetic test – quad torque/body weight (180 o/s) 60-65% males, 50-55% females
 - KT 2000 test unchanged
 - Satisfactory clinical exam
- Begin low intensity plyometrics
- Agility?? (ask)
- Begin pivoting motions with doctor's clearance
- Sport-specific drills

Return to sport (8 months):

- Begin medium to high intensity plyometrics
- Return to full activity when quad strength is within 10% of uninvolved leg (with M.D. clearance)

[Link to clinical reference protocol](#)