



# Rehab Protocol

ACL reconstruction  
with meniscal repair

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Post-op recovery		First 2 weeks	Date
Goals	<ul style="list-style-type: none"> <li>• Protect the knee and surgical incision</li> <li>• Recover from swelling and inflammation</li> <li>• Control of post-surgical pain</li> </ul>		
Precautions	<ul style="list-style-type: none"> <li>• Non-weight bearing on crutches</li> </ul>		
Brace	<ul style="list-style-type: none"> <li>• Locked in extension</li> <li>• At rest the brace can be loosened to allow swelling and discomfort to settle</li> <li>• Sleep in brace</li> </ul>		
Recommendations	<ul style="list-style-type: none"> <li>• Rest and elevate as required</li> <li>• Ice the knee up to 3 times a day – particularly in the first 72 hours</li> <li>• Range of motion exercises of ankle</li> <li>• Range of motion exercises of hip</li> </ul>		
Exercise suggestions	<ul style="list-style-type: none"> <li>• Static quads contraction</li> <li>• Supine straight leg raise</li> <li>• Side leg raise</li> <li>• Ankle pumps</li> <li>• Supine knee extension – foot elevated/supported</li> </ul>		
Criteria for progression	<ul style="list-style-type: none"> <li>• Healed surgical incisions</li> </ul>		

Phase 1		Week 2 to week 6	
Goals	<ul style="list-style-type: none"> <li>• Begin range of motion - gentle</li> <li>• Begin strengthening hip and core</li> </ul>		
Precautions	<ul style="list-style-type: none"> <li>• Non-weight bearing on crutches</li> <li>• The foot may rest on the ground when stationary</li> </ul>		
Brace	<ul style="list-style-type: none"> <li>• Locked in extension when mobilising</li> <li>• Unlock brace at rest and when doing ROM exercises</li> <li>• At rest the brace can be loosened to allow swelling and discomfort to settle</li> <li>• Sleep in brace (locked in extension) weeks 3-4</li> <li>• Sleep without brace weeks 5-6</li> </ul>		
Recommendation	<ul style="list-style-type: none"> <li>• Gently move knee from 0 – 90 degrees (wear brace but unlock). No resistance, no strengthening</li> <li>• Hip and gluteal muscle strengthening</li> <li>• Ankle range of motion</li> </ul>		
Exercise suggestions	<ul style="list-style-type: none"> <li>• Static quads contraction</li> <li>• Supine straight leg raise in locked brace</li> <li>• Ankle pumps</li> <li>• Supine bed supported knee bend</li> <li>• Sitting supported knee bend</li> </ul>		

	<ul style="list-style-type: none"> <li>• Supine knee extension – foot elevated/supported</li> <li>• Side leg raise – knee straight in locked brace</li> </ul>	
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Phase 2		Week 7 to week 12	
Goals	<ul style="list-style-type: none"> <li>• Comfortably walk normally</li> <li>• Increase range of motion</li> </ul>		
Precautions	<ul style="list-style-type: none"> <li>• No running</li> <li>• No deep squats (including kneeling, crouching down to or sitting on floor)</li> <li>• No forced high flexion of the knee (0-100 degrees only)</li> </ul>		
Brace	<ul style="list-style-type: none"> <li>• No brace required</li> </ul>		
Recommendations	<ul style="list-style-type: none"> <li>• Gradually begin taking weight through your leg when you walk. Fully weight bear as able</li> <li>• Discard crutches when walking safely</li> <li>• Achieve full extension – passive and active</li> <li>• Flex actively as comfortable, but no forced high flexion (0-110)</li> <li>• Gluteal and hip strengthening</li> <li>• Ankle and calf strengthening</li> <li>• Short walks</li> </ul>		
Suggested exercises	<ul style="list-style-type: none"> <li>• Wall slide mini squat</li> <li>• Double leg squats (0-60)</li> <li>• Sitting unsupported knee extension and flexion</li> <li>• Single leg stance – knee straight, knee flexed</li> <li>• Straight leg raise</li> <li>• Step ups</li> <li>• Double calf raises progress to single calf raise</li> <li>• Side leg raise – knee straight, knee flexed</li> <li>• Gluteal band exercises</li> <li>• Bridging with gluteal contraction</li> <li>• Exercycle – low resistance, short interval</li> </ul>		
Criteria for progression	<ul style="list-style-type: none"> <li>• Walking 20 minutes without pain or swelling</li> <li>• Neuromuscular and strength training exercises without difficulty</li> <li>• Full ROM</li> </ul>		

Phase 3		3 Months – 6 months	
Goals	<ul style="list-style-type: none"> <li>• Running on flat surface</li> <li>• Jumping (double leg)</li> <li>• Hop Tests 75% of contra-lateral side</li> <li>• Hopping without pain, swelling, or giving way</li> </ul>		
Precautions	<ul style="list-style-type: none"> <li>• Run on flat stable surface in daylight</li> <li>• No pivoting or cutting activities or sports</li> </ul>		

Recommendations	<ul style="list-style-type: none"> <li>• Passive stretching to achieve full extension and flexion</li> <li>• Concentrated full rehab program that includes strengthening of core, hip flexors, gluteal muscles, external rotators of the hip, quadriceps, hamstrings and calves. Neuromuscular control and co-ordination of leg</li> </ul>	
Suggested exercises	<ul style="list-style-type: none"> <li>• Running on flat even surface. Gradually increasing distance</li> <li>• Aggressive strength training Hamstrings, Quads, calves, adductors, abductors, core strength</li> <li>• Cycling with high resistance (standing permitted)</li> <li>• Neuromuscular Training: Wobble board, rocker board, roller board, varied surfaces</li> <li>• Begin gentle pivoting and direction changing</li> <li>• Cardio:</li> <li>• Running, swimming, cycling, stair climber, elliptical trainer</li> </ul>	
Criteria for progression	<ul style="list-style-type: none"> <li>• Maximum vertical jump without pain or instability</li> <li>• 75% of contralateral on hop tests</li> <li>• Run at 75% speed without difficulty</li> <li>• Some confidence with pivoting and changing direction</li> </ul>	

Phase 4		6 Months – 12 months	
Goals	<ul style="list-style-type: none"> <li>• 100% contralateral strength</li> <li>• 85% contralateral on hop tests</li> <li>• Running without pain</li> <li>• Absolute confidence with pivoting and turning</li> </ul>		
Precautions	<ul style="list-style-type: none"> <li>• NO pivoting or contact sports</li> <li>• Can return to non-competitive non-contact sport training</li> </ul>		
Recommendations	<ul style="list-style-type: none"> <li>• Gain and maintain endurance and strength</li> <li>• Sport specific functional training</li> <li>• Graduated return to cutting and pivoting movements</li> <li>• Neuromuscular control and coordination</li> </ul>		
Suggested exercises	<ul style="list-style-type: none"> <li>• Running on flat even surface. Sprinting. Direction changes</li> <li>• Aggressive strength training Hamstrings, Quads, calves, adductors, abductors, core strength</li> <li>• Cycling with high resistance (standing permitted)</li> <li>• Hopping, jumping</li> <li>• Pivoting and direction changes</li> <li>• Begin cutting (non-competitive environment)</li> </ul>		

	<ul style="list-style-type: none"><li>• Cardio:</li><li>• Running, swimming, cycling, stair climber, elliptical trainer</li></ul>	
Criteria for progression	<ul style="list-style-type: none"><li>• Return to sport criteria</li><li>• -One year post reconstruction</li><li>• -No functional complaints</li><li>• -Confidence when running, cutting, jumping at full speed</li><li>• -85% contralateral values on hop tests</li></ul>	