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Physical Therapy Prescription
ACL Reconstruction + Lemaire + Meniscus Repair

Patient Name: **DOB:**
Sex:
Date: **Surgery Date:**
Dx: s/p (LEFT / RIGHT) ACL RECONSTRUCTION with Lemaire + Meniscus Repair

0-2 WEEKS POST-OP

Rehabilitation Goals
- Protect graft
- Reduce swelling
- Regain full extension
- Improve quad control

*May begin PT prior to post op visit if patient has no concerns

2-6 WEEKS POST-OP

******Due to meniscus repair, patient should ambulate with brace locked in full extension until 4 weeks post op. Patient may unlock brace 4 weeks after surgery with walking******

Rehabilitation Goals
- Protect graft
- Full extension – Expect more stiffness with ALL augment than standard ACL-R
- No extensor lag with SLR

Modalities
Cryokinetics to facilitate therapy if needed.

Gait
WBAT - Use crutches as needed for pain control
Brace locked in full extension x 4 weeks with weight bearing

ROM
*Patient must have full extension and greater than 120 degrees flexion before high load strength exercises

Progress ROM – Goal of 120 degrees of flexion by week 4.
Expect more stiffness with ALL augment than standard ACL-R
- No flexion restrictions for ROM exercises in a NWB position.

Focus on getting full extension with prone and supine hangs.
- May add weight based on pain tolerance.

Stationary bike okay to "rock for range".

Strength
*No CKC strength past 30 degrees flexion x 4 weeks.

Standing TKE with ball and/or band as resistance

Straight Leg Raises
- If no extensor lag, ok to add up to 5#.

Quadriceps re-education. Russian Stim with quad set and/or SAQ
*Leg press / Total Gym / Suspension Trainer - start with eccentrics. Progressive overload with regard resistance.
Anti-rotation exercises for trunk musculature
Bridging / Hip hinge exercises

Proprioception
Weight shifts progressing to SL balance, stable surface and multi-directional

Cardio
*Patient should not lose ROM as a result of cardio

Stationary bike
UBE
Swimming (Must be 3 weeks post op)

Criteria to progress
- Full extension (including hyper) – Within 30 degrees of flexion to contralateral knee
- WB with little to no pain, normal gait
- SL leg press 20% of body weight x 8 reps – If no leg press available, 20 reps of SLR @ 5# with no lag

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6-12 Weeks s/p ACL Reconstruction

GOALS: Full ROM — Increased quad endurance and coordination
Normal gait — Discontinue use of brace

ROM

Maintain full / hyperextension
Restore full flexion. Patient should have full ROM prior to beginning a strengthening phase. Body-weight and low load exercises are okay but focus should be motion before strength.

STRENGTH

Step up and step down exercises
Increase reps and sets to favor volume/hypertrophy. May increase load but muscle endurance is the goal at this time.
Retro ambulation program with resistance to work posterior chain
Squat / Push variations for lower extremity. Increase reps and sets with low resistance
Hip Hinge variations for lower extremity. Same progression as squat / push
Rotation (foot not planted) and anti-rotation for trunk muscles

PROPRIOCEPTION – Okay to begin unstable (AIREX only) surface provided patient shows good control on stable surface

CARDIO

- Incline treadmill / Elliptical / Swimming (avoid flip turns)
- Stationary biking – Outdoor cycling okay, avoid clip in pedals. Favor interval training over steady state
- May begin pool jogging / Alter-G between 9-10 weeks based on strength. Water must be at chest level, Alter-G no more than 25% of body weight while running

Criteria for progression to next phase:

- Symmetric SL step down from 6 inch height when compared to non-surgical leg
- Full ROM
- Minimal to no effusion

Restrictions:

Lateral (sagittal plane) motions okay at this time, walking speed only, no pivoting/transverse plane motion at the knee

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12-18 Weeks s/p ACL Reconstruction

ROM

Maintain full ROM
Ankle, hip, thoracic spine and shoulder mobility exercises

STRENGTH

May begin to increase load/resistance at this time. We prefer a linear progression of increased load over % of 1 RM or RPE. Increase the load of the lifts below by between 1 and 5 lbs per session. Must have 48 hours of rest between sessions if doing linear progression. Programming should not exceed 24 reps total (3x8, 4x6, etc.) for any 1 exercise per session due to load intensity.

Clinician may choose from any of the exercises below (variations based on individual patient are okay)
Ideally select 2 push movements for every 1 hip hinge movement

Squat/Push movement examples - Back, Front, Overhead, Box step up, Hex Bar, Total Gym, Leg press, etc.

Hip hinge examples - Single and double leg variations (Deadlift, RDL, Hip thrusters, GHD, Nordic hamstring, Good mornings, etc.)

Accessory lifts as needed

Continue linear progression of loading until patient plateaus. After patient plateaus, may change to a % 1RM program or RPE.

AVOID resisted OKC knee extension

PROPRIOCEPTION

Con't with unstable surface and progress to eyes closed. NO LIFTING / STRENGTH EXERCISES WHILE ON UNSTABLE SURFACE (Bosu, AirEx pad, etc.)

CARDIO

Begin jogging / running program at 12 weeks if single leg step down test is symmetric
Cycling – May clip into pedals on road biking and XC mountain biking. Avoid enduro/downhill style riding
Hiking – May begin to wear a heavier, multi-day pack
Swimming – Flip turns okay at this time

SPORT SPECIFIC DRILLS

Footwork drills at slow speeds – MUST AVOID PIVOTING
Throwing program can begin – Do not exceed 90 feet
Kicking program can begin – No cleats, ball must stay on the ground, volleys okay
Basketball shooting can begin – Spot shooting only, no defenders, minimal jump
Mini hurdle hops can begin. Progress based off dynamic control of knee.

Criteria to progress: No compensation during lifts Strength is increasing
No increased effusion after activity

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18-20+ Weeks s/p ACL Reconstruction

ROM

Maintain full ROM
Ankle, hip, thoracic spine and shoulder mobility exercises

STRENGTH

Continue with CKC strength. Continue to progress squat variations and hip hinge variations. Progressive overload. Continue to increase load/resistance rather than increasing volume/reps.

Once the athlete has plateaued, they may switch to a % of 1 RM training program

Plyometrics – 2 legged only. One legged may begin around 7 months post op based on dynamic knee control

Olympic lifting and triple extension exercises of LE okay at this time

PROPRIOCEPTION

As needed for patient to feel more confident in spatial awareness

CARDIO

Sprinting may begin
Cycling as tolerated
Swimming as tolerated

SPORT SPECIFIC DRILLS

Agility / footwork drills – Sagittal and Frontal plane motions. May begin light transverse plane motion in controlled settings and supervised.

Progress running program – cutting, begin with curves and progress speed and angle of cut based on strength and coordination. No hard / full speed cutting until 7-8 months post op

RPT Criteria for athletes

1. SL push strength 100% of uninvolved leg - Isokinetic testing okay
2. Blazepod testing – Lateral slide and 4 corners
3. 400 m run under 75 seconds (Power
4. Reactive testing (shuttle test, 10 yard L, distance hop, crossover hop) pain free and confident
5. Psychologically ready to compete

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks **Send progress notes.

Physician's Signature:_____ **M.D.**

NPI: 1689851354