

Dr. Stephen R. Shively DO

Department of Orthopedic Surgery – Sports Medicine
Hancock Regional Hospital
www.SteveShivelyDO.com
(317) 477-6683



Physical Therapy Prescription – ACL Reconstruction with Meniscus Repair

Name: _____ Date of Surgery: _____

Procedure: R / L ACLR with Meniscus Repair **Frequency:** 2-3 times per week for 6 weeks

PHASE I (Weeks 0 – 6): Period of protection, decrease edema, activate quadriceps

- **Weightbearing: Toe touch weightbearing with crutches until week 6**
- **Hinged Knee Brace:**
 - **Weeks 0-6:** Locked in full extension for ambulation and sleeping (weeks 0-6)
 - May unlock 0-90 while at rest and for PT
- **Range of Motion:** AAROM → AROM to 90° as tolerated; **no weight-bearing with knee flexion angles >90°**
- **Therapeutic Exercises:** Patellar mobs, quad/hamstring sets, heel slides, Gastroc/Soleus stretching, straight-leg raises with brace in full extension until quad strength prevents extension lag
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 16)

- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance closed chain strengthening exercises and proprioception activities
 - Begin use of the Stairmaster/Elliptical at **12 weeks**
 - Swimming with pull bouy at **12 weeks**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 16 – 24): Gradual return to athletic activity

- **16 weeks:** begin jumping and running linearly
- **20 weeks:** advance to sprinting, backward running, cutting/pivoting/changing direction
- **24 weeks:** consider **functional sports assessment**

Phase IV (>6 months): Gradual return to athletic activity

- Gradual return to sports participation after completion of functional sports assessment
- Encourage maintenance program based off functional sports assessment

Signature _____

Date _____