



Dr. John Awowale

ACL Reconstruction with Meniscus Repair or Microfracture

Phase 1 – Maximum Protection Phase (0-4 weeks)

Goals for Phase 1

- Protect graft and fixation
- Minimize knee effusion and effects of immobilization
- ROM 0-90

Precautions

- Avoid knee hyperextension during this phase greater than 10 degrees
- No kicking in pool for 12 weeks
- No isolated resistance knee flexion for 12 weeks due to hamstring autograft
- Avoid squatting and flexion on leg press beyond 90 degrees until 4 months post-surgery

Criteria for Progression to Phase 2

- Good PROM flexion/extension
- Good quad set, SLR without extension lag
- Minimal swelling/inflammation
- Normal gait on level surfaces

Weight Bearing

- Weeks 0 -2: Toe touch weight bearing (25%)
- Weeks 2-6: 50% weight bearing then advance to full weight bearing

Brace

- Brace 0-90° for ADLs until 6 weeks post-surgery

Range of Motion

- 0 – 90°
- Avoid hyperextension >10°

Manual Therapy

- Patellar mobility (superior, inferior, medial, lateral)
- Scar massage when incisions closed
- Gentle flexibility using deep tissue mobilization of surrounding tissues
- PROM/AROM knee flexion/extension, strong emphasis on full knee extension

Strengthening

- Quadriceps setting
 - Avoid knee hyperextension with quadriceps setting
- NMES to promote quad activation
- Multi-plane Hip strengthening – start with SLR with brace locked in full extension until there is sufficient strength to prevent extension lag. Add resistance as tolerated
- 4-way hip strengthening, Standing TKE, mini step-ups, bridging, calf raises, mini squats
- Core strengthening
- For Hamstring Autograft:
 - Avoid isolated hamstring strengthening x 12 weeks
 - Heel slides to 90° only
- For Patellar Tendon Autograft:
 - Closed Kinetic Chain Quadriceps strengthening activities as tolerated (wall sit, step ups, mini squats, leg press 90- 30 degrees)
 - Quadriceps isometrics at 60° and 90°
 - If available, aquatics for normalizing gait, weight bearing and strengthening



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- Stationary Bike – initially for promotion of ROM – progress light resistance as tolerated
- Hamstring curls

Aquatics

- Initiate aquatic therapy program when incisions are closed

Neuromuscular Control

- Proprioception on stable surface

Modalities

- Vasopneumatic compression for edema management 2-3x/week (15-20 min)
- Cryotherapy at home, 3 x per day for 20 minutes each with knee elevated above heart
- NMES for quadriceps function
- Initiate Blood Flow Restriction Training after incisions are healed >3 weeks post-op – discuss with Dr. Awowale prior to initiation



Phase 2 – Strengthening Phase (4-10 weeks)

Goals for Phase 2

- Restore normal gait with stair navigation after brace is discontinued at 6 weeks
- Maintain full extension, progress toward full flexion ROM at 6+ weeks
- Protect graft and fixation
- Increase LE strength
- Increase proprioception

Precautions

- Avoid twisting and pivoting motions for 12 weeks
- Avoidance of full body weight impact activity until able to pass functional testing

Criteria for Progression to Phase 3

- No patellofemoral pain
- Minimum of 120° knee flexion
- Sufficient strength and proprioception to initiate running
- Minimal swelling/inflammation

Brace

- Brace 0-90 degrees for ADLs until 6 weeks post-surgery

Range of Motion

- Restore full ROM
- Maintain normal LE flexibility

Strengthening

- Stationary bike or elliptical – stair master as strength and gait allow
- Begin running in the pool (waist deep) or on an unweighted treadmill at 8 weeks.
 - Should have adequate strength, ROM, neuromuscular control, and limited swelling prior to initiation
- Bilateral gym strengthening with progression to unilateral as able (leg press, step-ups, hamstring curls, side-stepping, single leg squat, multi-directional lunges)
- Progress hip, hamstring and gastrocnemius strengthening
 - For hamstring autograft avoid isolated hamstring strengthening x 12 weeks
- Initiate knee flexion AROM using CKC strengthening with progression to OKC
- Core strengthening

Neuromuscular Control

- Proprioceptive drills progressing to on unstable surfaces
- Add dual tasking and reactive balance

Modalities

- Cryotherapy after activity
- Continue use of Blood Flow Restriction Training as need to build strength

Testing to advance to Phase 3 protocol

- Functional strength testing to be scheduled before 10-12 week follow-up with MD (appt must be scheduled with Aurora BayCare Sports Medicine department – East Side location to complete testing). Please contact physician office if unable to make this arrangement for alternative testing.
- Y-Balance testing within 6 cm of involved LE
- 3PQ isometric quadriceps testing (<25% difference)
- Single leg squat without display of knee valgus
- Recommend isokinetic test with anti-shear device at 12 weeks (14-16 weeks for hamstring tendon autograft procedures) to guide continued strengthening.



Phase 3 – Strengthening and Plyometric Phase (10 – 16 weeks)

Goals for Phase 3

- Full ROM
- Improve strength, endurance, and proprioception of the LE to prepare for sport activities
- Normal running mechanics
- Strength >70% of uninvolved LE with isokinetic evaluation

Precautions

- Protect the patellofemoral Joint
- Avoid overstressing the graft
- Progressively increase resistance of hamstring (hamstring autograft)

Criteria for progression to phase 4

- No significant swelling/inflammation.
- Full, pain-free ROM
- No evidence of patellofemoral joint irritation
- Strength > 70% of uninvolved lower extremity per isokinetic evaluation
- Sufficient strength and proprioception to initiate agility activities
- Normal running gait

Strengthening

- Stationary bike, elliptical, treadmill, may begin swimming
- Improve cardiovascular endurance
- Core strengthening
- Maintain LE flexibility – hamstring, quad, gastroc-soleus, ITB
- Initiate OKC knee extensions 90-30 degrees, progress to eccentrics
- Unilateral gym strengthening program (single leg squats, eccentric leg press, lateral step-downs, advanced bridging, multi-directional lunges, CKC hamstring curls)
- If isokinetics available (with anti-shear device) – begin with mid-range speeds (120-240 degrees/sec)
- Recommend isokinetic test with anti-shear device at 12 weeks (14-16 weeks for hamstring tendon autograft)
- **12+ weeks – for bone-patellar tendon-bone autograft:** Progress toward full weight bearing running - sagittal plane running, sub-maximal plyometrics
- **16+ weeks – hamstring tendon autograft:** Progress toward full weight bearing running - sagittal plane running, sub-maximal plyometrics

Neuromuscular Control

- Advanced proprioception on un-stable surfaces with perturbations and/or dual tasking, add sport specific balance tasks as able

Modalities

- Cryotherapy after activity



Phase 4 – Advanced Strength and Advanced Plyometric Phase (4 – 6 months+)

Goals for Phase 4

- Symmetric performance of basic and sport specific agility drills
- Single and 3 hop tests 85% of uninvolved LE
- Quadriceps and Hamstring strength at least 85% of uninvolved lower extremity per isokinetic strength test

Criteria for progression to Phase 5

- No patellofemoral or soft tissue pain or complaint
- Necessary joint ROM, strength, endurance, and proprioception to safely return to work or athletics

Strengthening

- Continue advanced strengthening
 - Agility progression including, but not limited to:
 - Side steps
 - Crossovers
 - Figure 8 running
 - Shuttle running
 - One leg and two leg jumping
 - Cutting
 - Acceleration/deceleration/sprints
 - Agility ladder drills
- **Avoid** impact activities on unstable surfaces until >6 months post op or per conversation with Dr. Awowale with functional testing results.
- Promote adequate quad and hamstring strength
- Core and hip strengthening
- Begin building power in involved LE
- Assessment of running on treadmill
- Initiate sport-specific drills as appropriate

Neuromuscular Control

- Emphasize proper motor control
- Advanced proprioceptive drills (examples):
 - Unsteady surface
 - Reactive balance
 - Deceleration control
 - Landing/take off drills
 - Perturbation training

Modalities

- As Needed



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Goals for Phase 5

- Safe return to athletics / work
- Maintenance of strength, endurance, proprioception
- Patient education with regards to any possible limitations

Phase 5 – Return to Activity Phase (6 months +)

- Continue progression of activities from phase 4
- Gradual return to sports participation
- Maintenance program for strength, endurance

Return to Function Testing: Aurora BayCare return to function for the lower extremity protocol to be used

- **6 months+:** Return to function testing per MD approval (appt must be scheduled with Aurora BayCare Sports Medicine department – East Side location to complete testing). Please contact physician office if unable to make this arrangement for alternative testing.
- Criteria: pain-free, full ROM, minimal joint effusion, isokinetic strength and functional testing at 90% compared to uninvolved, adequate knee control with sport and/or work specific tasks