UofL Health Sports Medicine
Official Health Care Provider of the Louisville Cardinals

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Procedure: Anterior Cruciate Ligament (ACL) Reconstruction with Meniscus Repair

Description of Procedure: Reconstruction of the ACL within the knee using either autograft (from the patient) or allograft (from a done) tissue. Typically, a quadriceps tendon (QT) or bone - patellar tendon - bone (BTB) graft is utilized. Meniscus repair is performed with either all-inside (AI) or inside-out (IO) technique.

PT Frequency: 1-3 days postop, 3-4x wkly 0-3 mo, physician/therapist discretion afterwards. Home exercises daily.

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase I: 0-4 wks	Toe touch weight bearing (TTWB) with use of two crutches. Keep brace locked in extension for ambulation.	Brace is worn when ambulating and sleeping. Remove for therapy. Dressing: PT may perform dressing change as needed. Leave steri-strips in place. Ok to shower with or without dressing. No tub bathing/ soaking until wound fully healed.	**0-2 wks:** 0-60°. **2-4 wks:** 0-90°. **Emphasize importance of full extension wks 0-2. **Healing is dependent on the vascularity of the tear site and stability of the repair construct. Meniscal motion is greatest past 60 degrees. Twisting should be avoided.	Heel slides, quad sets, SLR, short arc quad, co-contractions, isometric ab/adduction, patellar mobilization, ankle strength, avoid knee rotational exercises. Modalities as indicated.
Phase II: 4-12 wks	Wean from crutches to normalize gait pattern	**4-6 wks:** Unlocked **6-12 wks:** None	Full	**4-6 wks:** Initiate BFR. Partial wall sits, no greater than 90°, TKE **6-12 wks:** Progress closed-chain exercise, begin hamstring work, lunges 0-90°, proprioception exercises, leg press 0 to 90°, begin stationary bike

Continued on Back

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase III: 12 wks onward	WBAT	None	Full	Begin sport/activity specific functional progression; return to full participation in sport once strength is 95% strength on single leg hop test or high velocity isometric test is accomplished AND patient is at least 8-9 months postop AND functional progression back to sport have been accomplished without pain or increased swelling; provide home exercise program and instruction on functional training to decrease risk of retear.

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 8-9 mo for RTP discussion, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.