

# ACL Reconstruction BTB-Autograft Plus Meniscus Repair

## Physical Therapy Protocol

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### Restrictions

- **Brace:**
    - Locked in full extension ( $0^{\circ}$ – $0^{\circ}$ ) when upright for **6 weeks**.
    - May unlock for seated exercises and passive range of motion (PROM) under supervision.
    - **Discontinue brace at 6 weeks** once the patient demonstrates the ability to ambulate without a limp.
  - **Range of Motion (ROM):**
    - Limit PROM to  **$0$ – $90^{\circ}$  for the first 4 weeks**.
    - Progress ROM gradually as tolerated after week 4.
  - **Weightbearing Status:**
    - **Non-weight bearing (NWB) for 6 weeks**.
    - Progress to **toe-touch weightbearing (TTWB)** at 25% body weight at week 6.
    - Increase weightbearing by **25% per week** with goal of **full weightbearing (FWB) by weeks 10–12**, provided gait is normal and no effusion is present.
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### Phase I: Protection & Early Mobility (Weeks 0–6)

#### Goals:

- Protect the surgical repair.
- Minimize pain and inflammation.
- Prevent quadriceps inhibition and maintain patellar mobility.

**Precautions:**

- Maintain brace locked in extension except during therapy.
- Avoid active knee extension 0–30°.
- No weightbearing.

**Therapeutic Exercises:**

- Quad sets, ankle pumps, and hamstring sets (3–5 times/day).
  - Patellar mobilizations (supervised).
  - PROM within 0–90°.
  - Gentle hamstring and calf stretching.
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**Phase II: Gradual Loading & ROM Progression (Weeks 6–12)**

**Goals:**

- Achieve full passive ROM by week 12.
- Begin gradual weightbearing progression.
- Improve quadriceps activation and neuromuscular control.

**Precautions:**

- Avoid resisted open chain knee extension 0–30°.
- Continue use of crutches as needed until FWB achieved.

**Progression:**

- Discontinue brace at week 6 if gait without limp achieved.
- Start stationary bike with no resistance once ROM >100°.

**Therapeutic Exercises:**

- Progress to closed chain exercises (mini-squats, double leg bridges).
- Balance training on stable surfaces.
- Stationary cycling and aquatic walking.

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### **Phase III: Strengthening & Functional Training (Weeks 12–20)**

#### **Goals:**

- Restore strength and endurance.
- Normalize gait and functional movements.

#### **Precautions:**

- Avoid cutting or pivoting movements.

#### **Therapeutic Exercises:**

- Advance proprioception (single-leg balance drills).
  - Progress resistance in closed chain exercises.
  - Initiate elliptical and treadmill walking.
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### **Phase IV: Return to Activity (Weeks 20–24)**

#### **Goals:**

- Prepare for higher-level activities.
- Achieve symmetrical strength and functional stability.

#### **Therapeutic Exercises:**

- Begin light jogging progression (if strength >80% of contralateral limb).
  - Introduce agility drills (straight plane before multi-directional).
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### **Phase V: Advanced Training & Return to Sport (Weeks 24 and beyond)**

#### **Goals:**

**“Dr. Trevor” Stefanski, M.D.**  
Minimally Invasive Joint Specialist  
[DrTrevor.com/PT](http://DrTrevor.com/PT) for a printable copy

Innovating **BIG RESULTS**  
Through Small Incisions

- Safely return to sport-specific training.
- Pass functional testing before clearance.

**Therapeutic Exercises:**

- Plyometric and agility training.
- Gradual introduction of cutting and pivoting.

Phone: 513-232-2663  
Fax: 513-985-2580