Physical Therapy ACLR +Meniscal Repair - Simple

Post-Operative Therapy Plan

Primary Surgery: **ACLR with ____medial meniscal repair-simple**
____lateral meniscal repair-simple

Date of Surgery: _____

Surgeon: _____

Date of Injury: _____

WB Precautions: Flat Foot touch down using bil crutches with brace locked in extension for 4 wks, progress to WBAT with brace from 0-90 deg at 5-6wks with FWB at 6 wks
Brace: Locked in extension x 4 wks , unlocked 0-90 at 5-7 wks when weight bearing

Next Follow Up with MD/PA: _____

Precautions: Weight bearing restrictions as above
ROM limited from full extension-90 in NWB position x 4 wks
Hold bike x 4 wks

	Intervention	Milestones
Week 1-2	Ice/modalities to decrease pain and inflammation. Compression and elevation for swelling. Patellar mobilization. NMES/BFR highly encouraged for quad activation. Flat foot weight bearing with brace locked in extension. **Encourage patients to do extension exercises out of the brace**.	___Full hyperextension ___AROM/PROM= hyperextension-90 ___Active quadriceps contraction
Weeks 3-4	Portal/incisional mobilization as needed. Prioritize activities to get full hyperextension. FFWB with brace locked in extension. Aquatic therapy/walk/job when wounds heal (start at chest level).	___ ROM: Continue hyperextension-90 ___ No quad lag with SLR in full hyperextension
Week 5-7	Begin bike WBAT with brace 0-90 deg. Progress bike, initiate elliptical. Bilateral CKC exercises (mini-squats/proprio) & step ups in pain free range.	___ Flexion motion continually progressing ___ Full extension/hyperextension. ___ Reciprocal stair climbing
Week 8-11	Progress strengthening & proprioception to unilateral as tolerated. Initiate gym strengthening to include light open chain activities if tolerated. No CKC exercises past 90 deg.	___ Full extension/hyperextension ___ Flexion ROM gradually increased ___ Bilateral squat without pain to 60 degrees ___ LQYBT initiated as exercise
Week 12-14	Plyometric progression initiates (*see above). Run progression can start if single and double leg hopping is tolerated and with safe form.	___Double leg hop cycle without pain/with control ___Single leg hop cycle without pain/with control ___ LQYBT Asymmetries < 15 cm; composite score >75% ___CKC Dorsiflexion >35 and <5 deg asymmetry
Week 15	Run progression continued. Initiate agility and progress plyometrics as tolerated. Progress appropriate gym strengthening program.	___ Prone knee flexion within 90% of uninvolved ___ LQYBT Asymmetries < 10 cm; composite score >85%
Week 16-20 (4-5 mo)	Continue aggressive LE strengthening & cardiovascular training. Implement low intensity sports specific drills. Incorporate jump prep (countermovement) drills. Gradually advance plyometrics from bilateral to unilateral as tolerated. Progress from easy low speed cutting, jumping, plyometrics. Minimum timeframe for return to sport testing based on physician approval.	___ Maintaining gains in strength (>=90%) ___ Equal Flexion AROM/PROM in prone ___LQYBT Asymmetries < 4cm anterior, composite score >94% ___Hop Testing LSI >85% if tested ___ quad strength 70%BW
Week 24-32 (6-8 mo)	Continuation and progression of above. - Include deceleration activities Higher level plyometrics, initiate more aggressive sport specific drills, evaluate form under fatigue.	___ Hop Testing LSI ≥ 95% ___ quad strength 80% BW
Week 36-48 (9-12 mo)	Higher level plyometrics, initiate more aggressive sport specific drills, evaluate form under fatigue.	Quad strength 95% BW/ quad:HS 3:2 Hop Testing LSI at 95% or better after fatigue protocol

Ideally patients should achieve the following milestones before advancing to the next stage.

Please print below chart and use check list as progress note for MD.

When patient is discharged and returned to play, schedule 12 month f/u with the surgeon. Prior to follow up, repeat functional testing. Can be scheduled with St. Luke's Rehab, call 208-385-3720.

This therapy plan provides a synopsis of guidelines for recovering from surgery with St. Luke's Sports Medicine. It is provided as an educational resource. Individual circumstances vary and these plans cannot replace the advice of a medical professional.

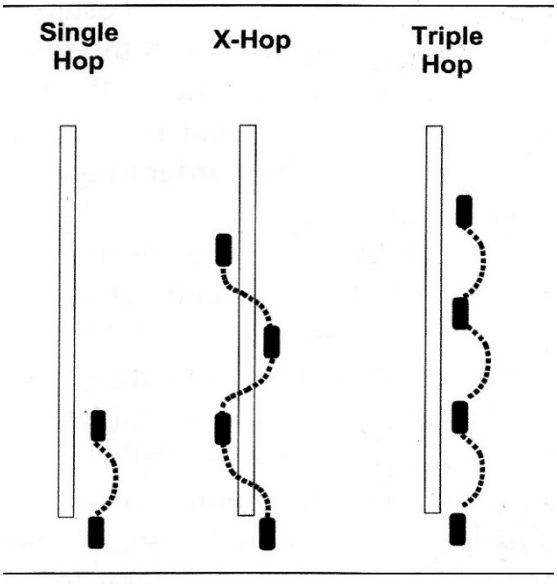
Functional Strength Testing (Start week 8): For functional strength testing use the Lower Quarter Y Balance Test. This test compares side to side reaching in 3 different directions and also compares the reaches to limb length. Passing the LQYBT is not expected until 3-4 months post op but can be safely used as an exercise to improve strength, proprioception, mobility and coordination starting at week 8. Lower Quarter Y Balance Test Score Sheet.

Plyometric progression to include Running (Week 12 to Discharge)

- No running until double and single leg hopping are shown to be tolerated well and with good form
- Passes Running Readiness Scale
    - DL hopping x 1 min @160 bpm
    - Plank on elbows x 1 min
    - Step ups x 30s each leg @ 160 bpm
    - Single leg squat x30s each leg @ 80 bpm
    - Wall sit with ball x 1 min – quads remain parallel

Double leg hop cycle x 2 weeks
Single leg hop cycle x 2 weeks
Begin running progression
Teach jump prep (countermovement drills)
Higher intensity plyometric exercises (incorporate practice of hop testing)
Implementation of sport specific multi-directional and reactive drills

Return to Play (RTP)/Discharge Timelines and Criteria:



-Functional Testing – minimum of 4 months with physician approval ***(discharge potential if non-athlete)***

- **Lower Quarter Y Balance Test:**
    - **≤ 4cm anterior reach**
    - **> 94% Composite Score**
- **Hop Testing: ≥ 95% Limb Symmetry Index**
    - **Single Hop for distance**
    - **Triple Hop for distance**
    - **Triple Crossover Hop for distance**
    - **Square Hop test**
    - **Medial and Lateral hop test for distance**
- **Closed Kinetic Chain Dorsiflexion**
    - **>35 degrees bilaterally**
    - **< 5 degrees of asymmetry**

-Peak Force Testing:

- **Quad strength 95%BW**
- **Quad:HS 3:2**

-Return to Sport Testing for Athletes – minimum of 4 months with physician approval
Meet above standards in fatigued state. Recommend Borg scale rate of perceived exertion at 15. Fatigue patient in movements similar to sports demands
Other functional testing can be included: tuck jump assessment, isokinetic testing, T-Test, single leg squat, etc.