



**Physical Therapy ACLR +Meniscal Repair – Simple Accelerated
Post-Operative Therapy Plan**

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

Date of Surgery: _____

Surgeon: _____

Date of Injury: _____

**____ Flat Foot touch down using bil crutches with brace locked in extension for 2 wks,
WBAT with brace locked in extension at 2-4 wks, FWB with brace from 0-90 deg at
5-6wks**

Brace: Locked in extension x 4 wks , unlocked 0-90 at 5-7 wks when WB

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.	<input type="checkbox"/> Full hyperextension <input type="checkbox"/> AROM/PROM= hyperextension-90 <input type="checkbox"/> Active quadriceps contraction
Weeks 3-4	Portal/incisional mobilization as needed. Prioritize activities to get full hyperextension. WBAT with brace locked in extension. Aquatic therapy/walk/job when wounds heal (start at chest level).	<input type="checkbox"/> ROM: Continue hyperextension-flexion as tolerated <input type="checkbox"/> No quad lag with SLR in full hyperextension
Week 5-7	Begin bike FWB with brace 0-90 deg. Progress bike, initiate elliptical. Bilateral CKC exercises (mini-squats/proprio) & step ups in pain free range.	<input type="checkbox"/> Flexion motion continually progressing <input type="checkbox"/> Full extension/hyperextension. <input type="checkbox"/> 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.	<input type="checkbox"/> Full extension/hyperextension <input type="checkbox"/> Flexion ROM gradually increased <input type="checkbox"/> Bilateral squat without pain to 60 degrees <input type="checkbox"/> 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.	<input type="checkbox"/> Double leg hop cycle without pain/with control <input type="checkbox"/> Single leg hop cycle without pain/with control <input type="checkbox"/> LQYBT Asymmetries < 15 cm; composite score >75% <input type="checkbox"/> CKC Dorsiflexion >35 and <5 deg asymmetry
Week 15	Run progression continued. Initiate agility and progress plyometrics as tolerated. Progress appropriate gym strengthening program.	<input type="checkbox"/> Prone knee flexion within 90% of uninjured <input type="checkbox"/> 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.	<input type="checkbox"/> Maintaining gains in strength (>=90%) <input type="checkbox"/> Equal Flexion AROM/PROM in prone <input type="checkbox"/> LQYBT Asymmetries < 4cm anterior, composite score >94% <input type="checkbox"/> Hop Testing LSI >85% if tested <input type="checkbox"/> 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.	<input type="checkbox"/> Hop Testing LSI ≥ 95% <input type="checkbox"/> 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, 12 month f/u with the surgeon to be scheduled. Prior to follow up, repeat functional testing. Schedule with St. Luke's Rehab: 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.

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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
 - o DL hopping x 1 min @160 bpm
 - o Plank on elbows x 1 min
 - o Step ups x 30s each leg @ 160 bpm
 - o Single leg squat x30s each leg @ 80 bpm
 - o Wall sit with ball x 1 min – quads remain parallel

[Double leg hop cycle x 2 weeks](#)

[Single leg hop cycle x 2 weeks](#)

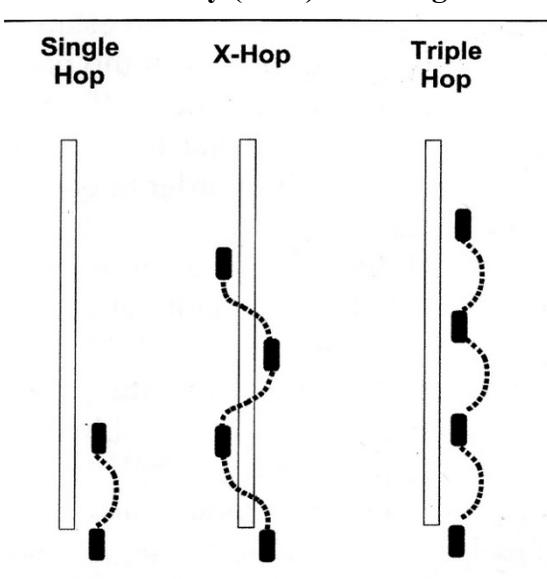
[Begin running progression](#)

[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:

- o \leq 4cm anterior reach
- o $>$ 94% Composite Score
- Hop Testing: \geq 95% Limb Symmetry Index
- o Single Hop for distance
- o Triple Hop for distance
- o Triple Crossover Hop for distance
- o Square Hop test
- o Medial and Lateral hop test for distance

- [Closed Kinetic Chain Dorsiflexion](#)

- o $>$ 35 degrees bilaterally
- o $<$ 5 degrees of asymmetry

-Peak Force Testing:

- o Quad strength 95%BW
- o 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.