



Amit Momaya, MD

Orthopedic Surgeon, Chief of Sports Medicine Team Physician for UAB, Legion FC, and Bulls Hockey Highlands Appointments: 205.930.8339 MomayaMD.com

PATIENT NAME:

PROCEDURE:

DATE OF SURGERY:

PHYSICAL THERAPY ORDER - ACL Recon with Meniscus Repair and Microdrilling for Cartilage Defect

Phase I: 0-2 weeks

- Edema and pain control
- Weight bearing status: TTWB/heel touch with brace locked in extension and crutches
- ROM: 0-90 degrees
- Brace: 0-90 degrees except when weight bearing; locked in extension while sleeping
- Exercises: heel slides, patellar mobs, gastroc/soleus stretch, calf pumps
- Keep pillow under heel to maintain full extension while sleeping / resting

Phase II: 2-6 weeks

- WB status:
 - o 2-4 weeks heel touch WB in brace locked in extension and crutches
 - 4-6 weeks partial WB (25-50%) in brace unlocked and crutches
- ROM: maintain full extension and progress flexion
- Brace: unlocked except when weight bearing as above
- Exercises: Phase I + toe raises, balance exercises, stationary bike, hip/glutes/core
- Keep pillow under heel to maintain full extension while sleeping / resting

Phase III: 6-12 weeks

- WB status: Full without brace
- ROM: full
- Brace: wean off
- Exercise: Phase II + close chain quads, hamstring curls, step-ups, front/side planks

Phase IV: 3-9 months

- WB status: full without brace
- ROM: full
- Brace: none
- Exercise: Phase III + advance closed chain exercises, progressive proprioception exercises, stairmaster, elliptical
 - 4 mo: begin jogging straight ahead, 5 mo: begin jumping
 - 6-9 mo: advance running to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport specific drills; heavy focus on proprioception and reactive drills
 - o 9 mo: advance as tolerated; strength evaluation and single hop testing

Phase V: 9-12 mo

- Gradual return to sports