

Name _____

Therapist _____

Physician _____



Patient Flow Sheet

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ACL Reconstruction with Meniscal Repair

* Discuss repair location, type, and tissue integrity with MD after initial evaluation to account for any modifications.

Phase 1 – MOTION AND MOBILITY

Week 0-6 Patellar tendon and patellar complex mobilization emphasized for at least the first 6-8 weeks
Quad set progressing to SLR (with NMES, biofeedback)
ROM: emphasize full extension (prone hangs/heel props); heel slides per ROM precautions, no active heel slides from weeks 0-4
*NO bike until 90° ROM limit is lifted
*No closed-chain exercises, with exception of TKE, balance, and gait
ROM: 0-90° for 4 weeks; advance ~10°/wk per MD orders
Brace: locked in extension (weeks 0-4); advance ~10°/wk per MD orders
Weight-bearing: PWB progressing to WBAT w/ brace locked in extension weeks 0-4

Phase 2 – ENDURANCE

Week 7-12 Ensure full knee extension is maintained prior to and during progression of CKC activities
Closed-chain progression (+/- including squat, lunge, step-up, bridge)
Progress from double leg to single leg; from stable to unstable surfaces
Balance progression
Bike for cardiovascular fitness/quad endurance
Gradual initiation of frontal plane exercise
ROM: Should achieve full ROM
Weight-bearing: progress to FWB

*Note: Non-athletes may be appropriate for discharge to independent home program at this time if able to complete work and life demands. Check for safety with stair negotiation and ambulation on uneven surfaces.

Phase 3 – STRENGTH

Week 13-20 Increase sets/duration of closed-chain strengthening in varied proprioceptive environments
Initiate squat jump progression from shuttle to gravity dependent position
Advance plyometrics from bilateral to unilateral as pt demonstrates knee control
Emphasize deceleration and eccentric control
* Pass sport cord test around 5 months to allow advanced agility progression to begin
* No loaded deep knee flexion for at least 4-6 months

Phase 4 – AGILITY, POWER, RETURN TO SPORT

Week 20+ Sport-specific movement patterns practiced in supervised and controlled environment
Graded re-integration into sport activities with MD and PT clearance
* No loaded deep knee flexion for at least 4-6 months

Return to Activities *See functional criteria*

Running: 5-6 months

Golf: Short irons at 5 months, full swing with long irons at 6 months. Delay 4-6 weeks if lead leg.

Pivoting/cutting sport: When functional criteria are met and cleared by surgeon, typically 6 months at earliest

Surgeon Comments: