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ACL Reconstruction with Meniscal Repair Physical Therapy Protocol/Prescription

Name:	Date:
Diagnosis:	Date of Surgery :
WEEK 1-2:	
 - Ambulate TTWB in Bledsoe Brace locked @ 0° - Crutches for at least 4 weeks - Limit Range of Motion in weeks 1-2 from 0° - Range of Motion Active / Active-Assisted - Quadriceps and Hamstring stretching - Quadriceps Strengthening V.M.O. Strengthe - Full Arc 0-30° Arc - Begin Straight Leg Raises (Knee at 0° in Formal Electrical Stimulation for Quadriceps 	0° to 70° d / Passive ening
WEEK 3-4:	
 Range of Motion in weeks 3-4 increase 0° to WBAT with brace locked in extension until weeks May Begin Exercise Bike, Closed Kinetic Chair 	eek 6
WEEK 5-6:	
- Range of Motion in weeks 5-6 increase to Ful	II ROM
 Wean out of Brace @ 6 weeks Switch to standard ACL rehabilitation protocle 	l after 6 weeks
Comments:	
Frequency: times per week	Duration: weeks
Signature:	Nate: