



ACL Quad + Meniscus Repair Protocol

Phase I (0–4 weeks)

- Protect graft & meniscus
- Control swelling
- Full extension
- Flexion $\leq 90^\circ$
- Brace locked in extension for ambulation
- NWB or PWB with crutches (2–6 weeks; surgeon dependent)
- Avoid squatting/twisting
- Cryotherapy, compression, elevation
- Patellar mobilizations
- Quad sets, SLR (brace locked)
- Heel slides $\leq 90^\circ$
- Ankle pumps, hip/core work

Phase II (4–8 weeks)

- Gradual flexion beyond 90°
- Normalize gait
- Quad activation
- Avoid deep squatting or pivoting
- Continue brace until gait normalized
- Stationary bike ($>100^\circ$ flexion)
- Mini-squats ($0-45^\circ$)
- Step-ups (low height)
- Core/hip strengthening
- Balance drills

Phase III (8–16 weeks)

- Restore near full ROM
- Strength & endurance
- Balance



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- Avoid running/jumping until cleared (~4 mos)
- Progress gradually

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- Leg press (0–60°)
- Squats (0–70°)
- Step-downs, lunges tolerated
- Single-leg balance
- Elliptical, pool, cycling

Phase IV: Strength & Controlled Plyometrics (4–6 months)

- $\geq 80\%$ strength
- Dynamic control
- Begin running if cleared
- Avoid uncontrolled cutting
- Single-leg squats, lunges
- Agility ladder drills
- Light plyometrics (double-leg hops)
- Core strengthening
- Jogging progression

Phase V: Advanced Strength & Controlled Plyometrics (6–9 months)

- $\geq 90\%$ symmetry
- Continue progressing plyometrics as appropriate
- Cutting & pivoting drills
- Begin sport specific training as appropriate
- Continued strengthening

Phase VI: Return to Sport (9–12 months)

- $\geq 90\text{--}95\%$ strength and functional symmetry



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- Advanced multi-directional cutting and pivoting at full speed
- Reactive and sport-specific plyometrics
- Full sport-specific participation progression
- Clearance from surgeon and PT required prior to returning to sport

Return-to-Sport Criteria

- Full ROM, no pain/swelling

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- $\geq 90\%$ strength
- Functional hop tests
- Surgeon + PT clearance