



Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

Post-Operative Rehabilitation Guidelines for ACL Reconstruction with Meniscal Repair (Inside Out)

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Weeks 0-2:

- TDWB, Brace locked at 0 degrees for ambulation and sleeping
- ROM: 0-90° with emphasis on full extension
- Patella mobilization
- SLR supine with brace locked at 0 degrees, Quad Sets
- Ankle Pumps
- Short crank (90mm) ergometry

Weeks 2-4:

- Transition to PWBAT ~50% to full WBAT by 4 weeks post op.
- Brace locked in full extension until post op week 4-6
- No weight bearing past 90° for ACL with meniscal repair
- ROM: 0-125 degrees (Maintain full extension)
- Active knee extension to 40 degrees
- Standard (170mm) ergometry (when knee ROM > 115 degrees)

Weeks 4-6:

- Full WBAT leg in extension,
- **brace down 60-90** by 6 weeks anticipate brace removal at that time
- Leg Press (80-0 degree arc)
- Mini Squats / Weight Shifts
- Proprioception training
- Initiate Step Up program
- Avoid Tibial Rotation until 6 weeks

Weeks 6-14:

- D/C Brace
- Progressive Squat program
- Initiate Step Down program
- Leg Press, Lunges
- Isotonic Knee Extensions (90-40 degrees, closed chain preferred)
- Agility exercises (sport cord)
- Versa climber/Nordic Track
- Retrograde treadmill ambulation

Weeks 14-22

- Begin forward running (treadmill) program when 8" step down satisfactory
- Continue Strengthening & Flexibility program
- Advance Sports-Specific Agility Drills



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- Start Plyometric program

> 22 weeks:

- Advance Plyometric program, Return to Sport (MD Directed)
- **May require Functional Sports Assessment (FSA) 5-6 months post op for clearance to return to sport

Comments:

Functional Capacity Evaluation Work Hardening/Work Conditioning Teach HEP

Modalities:

Electric Stimulation Ultrasound Iontophoresis Phonophoresis
 TENS Heat before/after Ice before/after Trigger points massage
 Therapist's discretion
 Other _____

Signature: _____ **Date:** _____