

Post-Operative Rehabilitation Guidelines for ACL Reconstruction with Meniscal Root Repair Name: ______Date: _____

Diagnosis:

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

Weeks 0-4:

- 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 4-6:

- Begin WBAT. Unlock Brace for Weight Bearing
- No weight bearing past 90° for ACL with meniscal repair
- D/C crutches when gait is non-antalgic (six weeks with meniscal repair)
- ROM: 0-125 degrees (Maintain full extension)
- Active knee extension to 40 degrees
- Standard (170mm) ergometry (when knee ROM > 115 degrees)
- 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 and wean from crutches
- Progressive Squat program
- Initiate Step Down program
- Leg Press, Lunges
- Isotonic Knee Extensions (90-40 degrees, closed chain preferred)
- Agility exercises (sport cord)
- Versaclimber/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
- Start Plyometric program

> 22 weeks:

• Advance Plyometric program, Return to Sport (MD Directed)



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: |
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