

Christopher M. Brusalis, MD
Phone: (516)-743-3036
Fax: (516)-743-3576
Email: DrBrusalisOffice@hss.edu
Website: www.BrusalisMD.com



Physical Therapy following ACL Reconstruction **with All-Inside Meniscal Repair**

The following is a basic framework from which to work during rehabilitation following an ACL Reconstruction with All-Inside Meniscal Repair. Physical therapists may employ specific exercises at their discretion within these guidelines. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

0 - 2 Weeks:

- TTWB, 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

2 - 6 Weeks:

- Begin WBAT. Unlock Brace for Weight Bearing
- No weight bearing past 90° for ACL with meniscal repair
- Discontinue crutches when gait is non-antalgic (two 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

6 - 14 Weeks:

- Discontinue 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

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14 - 22 Weeks:

- 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 (Directed by Dr. Brusalis)
- May require Functional Sports Assessment (FSA) at 5-6 months post-op for clearance to return to sport