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Physical Therapy following ACL Reconstruction

with Inside-Out Meniscal Repair

The following is a basic framework from which to work during rehabilitation following an ACL Reconstruction with Inside-Out 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 - 4 Weeks:

- Transition to Partial Weight Bearing (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)

4 - 6 Weeks:

- Full WBAT with leg in extension
- Brace down 60-90° by 6 weeks, with anticipation of removing brace 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 post-op.

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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

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