



Lisa Kaplin, DO

ACL Reconstruction with Meniscus repair/Meniscal Root Repair, Osteochondral fracture fixation Rehab

Weeks 0-2:

- Non weight bearing, 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:

- Touch down weight bearing, 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:

- **50% weight bearing from weeks 4-8.**
- **Full weight bearing by 8 weeks post operative**
- 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)
- Proprioception training
- Initiate Step Up program
- Avoid Tibial Rotation until 6 weeks

**** Encourage equal force distribution early in rehabilitation through integration of double-limb tasks that progressively load the knee in the sagittal plane to avoid persistent underloading after ACLR.**

Weeks 6-16:

- **Patients should avoid impact activities, deep squats, squatting and lifting, and sitting cross-legged for a minimum of 4 months after surgery to protect the meniscus root repair.**
- D/C Brace and wean from crutches once comfortable with weight bearing as tolerated.



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- Progressive Squat program
- Initiate Step Down program
- Leg Press, Lunges (NOT UNTIL CLOSE TO 4 MONTHS)
- Isotonic Knee Extensions (90-40 degrees, closed chain preferred)
- Agility exercises (sport cord)
- Versaclimber/Nordic Track
- Retrograde treadmill ambulation

Weeks 16-22:

- 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)
 - Patients can be cleared from the agility program if they can complete the following:
 - Leg press test: 15 unilateral leg press repetitions with the ACLR limb and load equal to 100% of body weight. Successful repetitions are recorded if patients achieve 90 degrees of knee flexion and returned to a neutral resting position.
 - Hop testing: required to complete a single leg forward hop at 80% or greater of their height with good control/form.
- After passing both the leg press and single leg hop, all patients undergo 3 weeks of progressive agility training that consisted of skipping and running (forward and backward), cariocas cutting movements, shuttle runs, and double leg hops.

Patients are cleared once completing all sets and repetitions without pain or swelling in the involved limb.

Postoperative Week 26-52

Goals:

- Return to full unrestricted functional activity

Treatment:

- maintenance program 3-4 times a week
- Progress resistance to all strengthening exercises
- Progress to agility and dynamic balance drill
- Plyometric activity based on patient need
- Sports specific training
- Return to sports:



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- Low impact sports routinely around month 6 post op
- Medium impact sports months 8-9 for small lesions and 9-12 for larger lesions.
- High impact sports months 12-18