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## **Post-Operative Rehabilitation Guidelines for ACL Reconstruction with Meniscal Repair (Extensive)**

**NOTE: The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit**

### **0-2 Weeks:**

- NWB, 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 PWBAT ~50% x 2 weeks 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 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

### **6-14 Weeks:**

- Discontinue Brace
- 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 (MD Directed)
  - \*\*May require Functional Sports Assessment (FSA) 5-6 months post op for clearance to return to sport