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POST-OPERATIVE REHABILITATION PROTOCOL

ACL with Meniscal Root Repair

- Post-Operative Rehabilitation Guidelines for ACL Reconstruction with Meniscal Root Repair

0–4 Weeks EARLY PROTECTION

- TDWB, Brace locked at 0° for ambulation and sleeping
- **ROM:** 0–90° with emphasis on full extension; patella mobilization; SLR supine with brace locked at 0°, Quad Sets
- Ankle Pumps; short crank (90mm) ergometry

GOALS Protect the repair · Full extension

4–6 Weeks RESTORE MOTION

- 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° (Maintain full extension); active knee extension to 40°; standard (170mm) ergometry (when knee ROM > 115°)
- Leg Press (80–0-degree arc); mini squats / weight shifts; proprioception training; initiate step-up program
- Avoid Tibial Rotation until 6 weeks

GOALS Progress flexion

6–14 Weeks BUILD STRENGTH

- D/C Brace and wean from crutches; progressive squat program; initiate step-down program; leg press, lunges
- Isotonic Knee Extensions (90–40°, closed chain preferred); agility exercises (sport cord); versaclimber/Nordic track
- Retrograde treadmill ambulation

GOALS 8" step-down

14–22 Weeks RETURN TO RUNNING

- Begin forward running (treadmill) program when 8" step down satisfactory; continue strengthening & flexibility program
- Advance Sports-Specific Agility Drills; start plyometric program

GOALS Pain-free running

22+ Weeks RETURN TO SPORT

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

GOALS Back on the field

Return to Sport & Discharge Criteria

- No effusion; full pain-free ROM; quad strength $\geq 90\%$ of opposite side
- Hop battery $\geq 90\%$ symmetry; agility & plyometrics without pain, swelling, or giving way
- Return to sport when cleared by Dr. Kelly

Time frames are guidelines — progress when phase goals are met, per Dr. Kelly and the treating therapist.

