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Post-Operative Rehabilitation Guidelines/Rehab Protocol  
**ACL Reconstruction with Meniscus Repair (All Inside)**

0-2 Weeks:

- TDWB, 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. Maintain Brace locked in full extension for Weight Bearing
- No weight bearing past 90° for ACL with meniscal repair
- D/C crutches when gait is non-antalgic (typically 2 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:

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