Nikhil Verma, MD Hailey Merk, MSM, MMS, PA-C Lisa Raaf, MS, PA-C 1611 W. Harrison, Suite #300 Chicago, IL 60612 Vermapa@rushortho.com

Fax: 708-409-5179

www.sportssurgerychicago.com











## Post-Operative Rehabilitation Guidelines for <u>ACL</u> Reconstruction with Meniscal Root Repair

0-4 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

4-6 Weeks: 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 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)