MIDWEST ORTHOPAEDICS AT RUSH

Nikhil N. Verma, MD

ACL Reconstruction with Meniscal Repair (Inside Out)

Post-Operative Rehabilitation Protocol

0-4 Weeks:

- TDWB, Brace locked at 0° for ambulation and sleeping
- ROM: 0-90º with emphasis on full extension
- Patella mobilization
- SLR supine with brace locked at 0°, quad sets
- Ankle pumps
- Short crank (90 mm) ergometry

4-6 Weeks:

- Begin WBAT. Unlock brace for weight nearing
- No weight bearing past 90° for ACL with meniscal repair
- D/C crutches when gait is non-antalgic (two weeks with meniscal repair)
- ROM: 0-125° (maintain full extension)
- Active knee extension to 40°
- Standard (170 mm) ergometry (when knee ROM > 115°)
- Leg press (80-0° 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°, 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
- **Plyo Prep Screen when initiating running and/or jumping. Schedule via QR code or email spc@rushortho.com

Phone: 312.432.2390 | vermaPA@rushortho.com | sportssurgerychicago.com

MIDWEST
ORTHOPAEDICS
AT RUSH

Nikhil N. Verma, MD

> 22 weeks:

- Advance Plyometric program, Return to Sport (MD Directed)
- **Lower Body Assessment when initiating return to activity progression. Schedule via QR code or email spc@rushortho.com