



ACL Reconstruction with Meniscus Repair

Postop	Goals	Precautions	Exercises/Interventions
Weeks 0-2 1x/ week HEP Daily	Full Passive Extension 90° knee flexion Edema & pain control SLR without lag Patella mobility	WBAT with crutches & brace locked at 0° Limit ROM to 90° flexion until 4 weeks Brace locked at 0° for sleeping Dr. Below: NWB; brace on at 0-20 deg for 4 weeks	Passive extension & flexion Quad re-education & SLR Hip / Core training
Weeks 2-6 2-3/ week HEP Daily	Full passive extension Positive Active Heel Pop test Symmetric Pain Free Gait Improve Quad Control Normalize patellar mobility Ascend 6" step	DC crutches when: - Full passive TKE - Full TKE utilized in gait - No swelling >1cm from contralateral - No SLR lag Brace open 0-90° at 5 weeks Limit ROM to 90° until 4 weeks, 125° until 8 weeks Avoid reciprocal stairs until adequate quad control Quality movement emphasis Dr. Below: continue NWB through 6 weeks	Emphasize full passive extension Full ergometry (at 5 weeks & when 110° flexion met) Begin closed chain knee flexion 0-60° (Squat progression, leg press) at 4 weeks OKC knee extension without resistance 90-40° Quad isometrics at 90° when 110° knee flexion present Initiate step-up program Proprioceptive training
Weeks 6-16 1-2x/week HEP Daily	Full ROM Forward step down with control Build strength Protect patellofemoral joint	WBAT Limit ROM to 125° for 8 weeks, unrestricted after DC brace after 8 weeks and when adequate quad Squat / Leg Press limited to 0-60° until 14 weeks Avoid painful activities	OKC resisted knee extension 90-40°, 90-20° at 12 weeks Progress closed chain depth & load at 14 weeks to 0-90° Initiate step-down program Advance proprioceptive training Elliptical, Stair stepping machine, Retrograde Treadmill
Weeks 16-26 1-2x/ week HEP Daily	Symptom free running Maximize strength / flexibility Meet running & unilateral plyometric progressions	Squat / Leg Press limited to 0-90° until 20 weeks Running not to start before 16 weeks (18-20 weeks for Dr. Below with ACL Functional Brace), and should start after criteria met: - No Pain or Effusion - SL Leg Press 1x body weight for 8 repetitions OR SL Squats to 75° for 8 repetitions - Isolated Quad Strength >70% LSI - Introductory single leg landing exercises without compensation - IKDC score > 64	Initiate forward running program Progress closed chain depth & load at 20 weeks (unrestricted) OKC resisted knee extension unrestricted Advance agility program Progress Unilateral plyometrics when: - Quad Strength Symmetry >80% LSI - SL Leg Press 1.5x body weight for 8 reps - SL Squat to 90° Progressive Sport specific drills Return to Sport testing if appropriate (see Return to Sport Protocol)

Return to Sport Timelines:

- **Level I Sports (High Risk)**
 - **Examples:** Soccer, basketball, football, rugby, lacrosse, singles tennis, volleyball, downhill skiing, hockey
 - **Typical Return-to-Sport Timeline:** No earlier than 9 months after surgery. Most athletes return between 9–12 months.
 - Non-contact practice → Full practice → Full play (~9 mo)
 - Each month delayed between 6-9 months decreases re-tear risk 50%
- **Level II Sports (Moderate Risk)**
 - **Examples:** Baseball, softball, doubles tennis
 - Baseball / Softball – Hitting should be slowed if lead leg is involved. Limit sliding.
 - **Typical Return-to-Sport Timeline:** Typically, between 6–9 months after surgery, depending on individual progress, testing and positional requirement
- **Level III Sports (Low Risk)**
 - **Examples:** Golf, swimming (freestyle and backstroke), cycling, elliptical, light hiking, straight-line jogging.
 - Golf – Power hitting / driving should be slowed if lead leg is involved.
 - Swimming – No flip turns or breaststroke kicking.
 - Cycling – No Mountain biking.
 - **Typical Return-to-Sport Timeline:** Usually between 3–6 months after surgery, depending on the specific activity.

Typical Schedule of follow-up visits with physician after surgery:

- Dr. Corpus follow up schedule
 - PA 2 weeks
 - MD 6 weeks, 3 months, 6 months, 9 months
- Dr. Below: 1, 6, 12, 18, 24, 28 weeks

Dressings:

Dr. Corpus

- Dermanet dressing can stay on until follow up as long as clean and dry.
- Able to shower right away, just keep dressings dry (no bath)
- ACE wrap bandage stays for 2-3 days for swelling

Dr. Below

- Usually removed around 1 week by **ORTHO ONLY** – do not remove in rehab (shower only until then)
- Wear TED hose x 3 weeks