



Orthopaedic Associates of Zanesville

Post Operative Physical Therapy Guidelines

ACL Reconstruction with Meniscal Repair (All Inside)

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

Dr Brautigan, MD	Dr Burka, DO
<p>0-2 weeks:</p> <ul style="list-style-type: none"> • TTWB with axillary crutches • Brace locked at 0° for ambulation and sleeping, unlocked for rehab • ROM: 0-90° with emphasis on full extension • Patella mobilization • SLR supine with brace locked at 0°, quad sets, VMO adduction, ankle pumps, heel slides • Short crank (90mm) ergometry <p>2-6 weeks:</p> <ul style="list-style-type: none"> • Begin WBAT, unlock brace for WBing • D/C crutches when gait is non-antalgic • No weight bearing past 90° • Avoid tibial rotation until 6 weeks • ROM: 0-125 degrees (Maintain full extension) • Active knee extension to 40° • Standard (170mm) ergometry (when knee ROM > 115 degrees) • Leg press (80-0° arc) • Mini squats / weight shifts • Proprioception training • Initiate step-up program <p>6-14 Weeks:</p> <ul style="list-style-type: none"> • 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) • Versa climber/Nordic Track • Retrograde treadmill ambulation <p>14-22 weeks:</p> <ul style="list-style-type: none"> • Begin forward running (treadmill) program when 8" step down satisfactory • Continue strengthening & flexibility program • Advance sports-specific agility drills • Start plyometric program <p>>22 weeks:</p> <ul style="list-style-type: none"> • Advance plyometric program, return to sport (MD Directed) 	<p>0-4 weeks:</p> <ul style="list-style-type: none"> • TTWB with axillary crutches • Brace locked at 0° for ambulation and sleeping, unlocked for rehab • ROM: 0-90° with emphasis on full extension • Patella mobilization • SLR supine with brace locked at 0°, quad sets, VMO adduction, ankle pumps, heel slides • Short crank (90mm) ergometry <p>4-6 weeks:</p> <ul style="list-style-type: none"> • Begin WBAT • Unlock brace for WBing at discretion of PT • D/C crutches when gait is non-antalgic • No weight bearing past 90° • Avoid tibial rotation until 6 weeks • ROM: 0-125 degrees (Maintain full extension) • Active knee extension to 40° • Standard (170mm) ergometry (when knee ROM > 115 degrees) • Leg press (80-0° arc) • Mini squats / weight shifts • Proprioception training • Initiate step-up program <p>6-14 Weeks:</p> <ul style="list-style-type: none"> • 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) • Versa climber/Nordic Track • Retrograde treadmill ambulation <p>14-22 weeks:</p> <ul style="list-style-type: none"> • Begin forward running (treadmill) program when 8" step down satisfactory • Continue strengthening & flexibility program • Advance sports-specific agility drills • Start plyometric program <p>>22 weeks:</p> <ul style="list-style-type: none"> • 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**