



Orthopaedic Associates of Zanesville

Post Operative Physical Therapy Guidelines

ACL Reconstruction with Meniscal Root Repair

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 Brautigam, MD | Dr Burka, DO |
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| <p>0-4 Weeks:</p> <ul style="list-style-type: none"> • TTWB, 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 degrees • Quad sets, heel slides, ankle pumps • Short crank (90mm) ergometry <p>4-6 Weeks:</p> <ul style="list-style-type: none"> • 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° (Maintain full extension) • Active knee extension to 40° • Standard (170mm) 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 <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>0-6 Weeks:</p> <ul style="list-style-type: none"> • TTWB, 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 degrees • Quad sets, heel slides, ankle pumps • Short crank (90mm) ergometry <p>6-8 Weeks:</p> <ul style="list-style-type: none"> • 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° (Maintain full extension) • Active knee extension to 40° • Standard (170mm) 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 <p>8-14 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> <p>Advance plyometric program, return to sport (MD Directed)</p> |

*****May require Functional Sports Assessment (FSA) 5-6 months post op for clearance to return to sport**