

POST-OPERATIVE REHABILITATION PROTOCOL

ACL Reconstruction with All-Inside Meniscus Repair

William McLaughlin, MD | Sports Medicine Surgery | Advanced Bone & Joint

Phase 1 | 0-2 Weeks

GOALS FOR THIS PHASE

- Protect the graft and meniscus repair.
- Toe-down weight bearing with brace locked in extension.
- Achieve and maintain full passive knee extension.
- Progress flexion ROM to 0-90°.
- Initiate quadriceps activation and patellar mobility.

Weight Bearing & Bracing

- TDWB (toe-down weight-bearing).
- Brace locked at 0° for ambulation and sleeping.

Range of Motion

- ROM: 0-90° with emphasis on full extension.

Therapeutic Exercises

- Patella mobilization.
- SLR supine with brace locked at 0°; quad sets.
- Ankle pumps.
- Short-crank (90 mm) ergometry.

Phase 2 | 2-6 Weeks

GOALS FOR THIS PHASE

- Begin WBAT with brace locked in full extension.
- Avoid weight bearing past 90° flexion (meniscus protection).
- Discontinue crutches once gait is non-antalgic (typically 2 weeks).
- Progress flexion ROM to 0-125° while maintaining full extension.
- Initiate closed-chain strengthening and proprioception.
- Avoid tibial rotation until 6 weeks.

Weight Bearing & Bracing

- Begin WBAT — maintain brace locked in full extension for weight bearing.
- No weight bearing past 90° (ACL with meniscal repair).
- Discontinue crutches when gait is non-antalgic (typically 2 weeks with meniscal repair).

Range of Motion

- ROM: 0-125° (maintain full extension).
- Active knee extension to 40°.

Therapeutic Exercises

- Standard (170 mm) ergometry when knee ROM > 115°.
- Leg press (80°-0° arc).
- Mini squats / weight shifts.
- Proprioception training.
- Initiate step-up program.

Precautions

- Avoid tibial rotation until 6 weeks.

Phase 3 | 6-14 Weeks

GOALS FOR THIS PHASE

- Discontinue brace and wean from crutches.
- Advance lower-extremity strength and neuromuscular control.
- Progress step-down and squat programs.
- Introduce agility and cardiovascular conditioning.

Weight Bearing & Bracing

- Discontinue brace and wean from crutches.

Therapeutic Exercises

- Progressive squat program.
- Initiate step-down program.
- Leg press, lunges.
- Isotonic knee extensions (90°-40°, closed chain preferred).
- Agility exercises with sport cord.
- VersaClimber / NordicTrack.
- Retrograde treadmill ambulation.

Phase 4 | 14-22 Weeks

GOALS FOR THIS PHASE

- Initiate forward running program once 8" step-down is satisfactory.
- Advance sport-specific agility drills.
- Begin plyometric program.

Therapeutic Exercises

- Begin forward running (treadmill) program when 8" step-down is satisfactory.
- Continue strengthening & flexibility program.
- Advance sport-specific agility drills.
- Start plyometric program.

Phase 5 | > 22 Weeks

GOALS FOR THIS PHASE

- Advance plyometric program.
- Return to sport when MD-directed criteria are met.

Therapeutic Exercises

- Advance plyometric program.
- Return to sport — MD directed.

Note

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

This protocol is a general guideline. Progression is patient-specific and at the discretion of William McLaughlin, MD.