

ACL Reconstruction with Meniscal Repair (All Inside) PT Protocol

Phase I – Weeks 0 to 2:

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

Phase II – Weeks 2 to 6:

- Begin WBAT; unlock brace for weight bearing
- No weight bearing past 90° for ACL with meniscal repair
- Discontinue crutches when gait is nonantalgic (2 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

Phase III – Weeks 6 to 14:

- Discontinue 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

Phase IV – Weeks 14 to 22:

- Begin forward running (treadmill) program when 8" step down satisfactory
- Continue strengthening and flexibility program
- Advance sports-specific agility drills
- Start plyometric program

Phase V – Weeks 22+:

- Advance plyometric program
- Return to sports per MD clearance
- May require functional sports assessment (FSA) 5 to 6 months post-op for clearance to return to sport