

**Rehabilitation Protocol:
Anterior Cruciate Ligament Reconstruction;
All-Inside Meniscus Repair**

**Phase I:
0-2 weeks**

- Brace: Locked at 0 degrees extension for ambulation & sleeping
- ROM: 0-90 deg permitted with emphasis on full extension
- Weightbearing: TDWB with crutches
- Exercises:
 - Patella mobilization
 - Straight leg raise supine with brace locked at 0 degrees
 - Quad sets
 - Ankle pumps
 - Short crank (90mm) ergometry

**Phase II:
2-6 weeks**

- Brace: Brace may be unlocked for weightbearing, 0-90 deg. Locked at 0 deg for sleeping.
- ROM: 0-90 deg permitted when weightbearing; when not weightbearing can progress from 0-120 deg
- Weightbearing: progress gradually to WBAT with brace
- Exercises:
 - Active knee extension from 40 degrees
 - Standard (170mm) ergometry (if knee ROM >115 degrees)
 - Leg press (80-0 degree arc)
 - Mini squats/weight shifts
 - Proprioception training
 - Initiate step up program
 - Avoid tibial rotation until 6 weeks

**Phase III:
6-14 weeks**

- Brace: D/C brace and wean from crutches
- ROM: full
- Weightbearing: WBAT
- Exercises:
 - Progressive squat program
 - Initiate step-down program
 - Leg press, lunges
 - Isotonic knee extension (90-40 degrees, closed chain)
 - Agility exercises (sport cord)
 - Versaclimber/Nordic Track
 - Retrograde treadmill ambulation

**Phase IV:
14-22 weeks**

- Brace: none
- ROM: full
- Weightbearing: WBAT

- Exercises:
 - Begin forward running (treadmill) program when 8" step down satisfactory
 - Continue strengthening & flexibility program
 - Advanced sports-specific agility drills
 - Start plyometric program

Phase V:
>22 weeks

- Brace: none
 - ROM: full
 - Weightbearing: WBAT
 - Exercises:
 - Advance plyometric program
 - Return to sport-- MD directed, typically 8-9 months postop depending on sport
- *May require functional sports assessment prior to clearance to return to sport at ~6 months postoperatively