Aaron Wey MD, FAAOS, FACS
Adult & Pediatric Spine Surgeon
Complex & Comprehensive Spine Surgery

**Aaron Wey, MD, FAAOS, FACS**
870 Palisade Ave, Suite 205, Teaneck, NJ 07666
Tel (201) 836-1663 - Fax (201) 836-5729
aaronweymd.com

# ACL Reconstruction with Meniscus Repair

November 1, 2026

This is the rehabilitation plan I ask your physical therapist to follow after your ACL Reconstruction with Meniscus Repair. Bring it to your first therapy visit. It is a framework, not a prescription: your therapist adjusts the pace to how you are healing, and anything we discussed in the office takes precedence over what is printed here. If something on this page does not match what we talked about, ask me.

**Operation** ACL Reconstruction with Meniscus Repair

**Physical therapist** Please send progress notes to the office and call with any question about the plan.

- This protocol follows ACL reconstruction with a medial or lateral meniscus repair. Its primary goal is to protect the reconstruction while progressing steadily to the pre-injury level of activity.
- It is a guideline: patients with additional surgery (for example collateral ligament repair) progress at different rates.
- Meeting the criteria of each phase matters more than the approximate duration.
- If pain or swelling increases, or motion decreases, at any time, reduce activity until the problem has resolved.

## Phase I - 0-2 weeks postoperative

### GOALS

- Progressive decrease in swelling
- AROM: 0-90 degrees
- Prevent post-op knee stiffness
- Independent SLR without an extensor lag
- TDWB with crutches and brace

### ACTIVITIES

- PROM/AAROM/AROM for knee flexion/extension
  - Heel props, prone hangs, towel extensions for extension
  - Heel and wall slides for flexion, prone knee flexion
- Isometrics
  - Quad sets (0 degrees knee flexion)
  - Hip adduction (0 and 45 degrees knee flexion)
  - Hamstring sets (45 degrees knee flexion)
- Straight leg raises
  - All 4 planes
  - With immobilizer until able to SLR without extensor lag
- Pre-gait activities
- Proprioception
  - Weight shifting with UE support
- Patella mobilizations
- Modalities and rest to control pain and inflammation

## Phase II - ~2-4 weeks postoperative

### GOALS

- Continued progressive decrease in swelling
- AROM 0-90

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- Partial WB with crutches
- Independent SLR without extensor lag

**ACTIVITIES**

- AROM/AAROM/PROM to maintain full knee extension and progress flexion (only to 90)
- Functional strengthening
  - OKC exercises: SLR (all 4 planes, progressive resistance), prone ham curls (knee 2" off table, light theraband resistance), SAQ extensions at 90-30 degrees
- Stationary bike (no resistance)
- Gait training / Proprioception with PWB
- Modalities as needed to control pain and inflammation

### Phase III - ~4-8 weeks postoperative

**GOALS**

- Swelling <1 cm at knee joint line
- AROM to 90 degrees until 6 weeks then progress to full ROM
- Progressive WB. D/C crutches at 6 weeks post op

**ACTIVITIES**

- Progressive functional strengthening
  - Multi-hip/cable column for hip strengthening
  - Prone hamstring curls with progressive resistance
  - Squats with minimal resistance (standing on theraband and/or light barbell)
  - Lunges
  - 4"-6" step-ups, step-downs
  - Single leg press (<25% BW @ 4-6 weeks. <50% BW @ 6-8 weeks post-op)
  - Stationary bike, treadmill
  - Stairmaster (approximately 6 weeks post-op if no patellofemoral symptoms)
- Proprioception
  - BAPS, Rocker board
  - Unistands (floor and mini tramp)
- Progress ROM
- Modalities as needed to control pain and inflammation
- Gait retraining

### Phase IV - ~8-12 weeks postoperative

**GOALS**

- Pain/effusion free
- Symmetrical ROM
- Single leg press 70% of noninvolved extremity with 1 rep max
- Girth within 2 cm of non-involved extremity
- Pain-free 6" step down with good eccentric control

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#### ACTIVITIES

- Advanced CKC strengthening:
  - Leg press (unilateral and bilateral)
  - Squats: bilateral with barbell, unilateral with theraband
  - Lunges: backward, side and traveling lunges; lunges with plyoball overhead
  - Bike, stairmaster with progressive increase in resistance
- Proprioception: "Plus" outline on mini tramp and/or floor:
  - Jumping (approximately 12-16 weeks post-op)
  - Hopping (approximately 16-20 weeks post-op)

## Phase V - 12 weeks to 6 months

#### AVERAGE PERSON AND RECREATIONAL ATHLETE

- At 50% of normal function.
- Continue with a strengthening program a minimum of 3 times per week for 6 months
- Recreational athlete should also participate in some light agility training to prepare for return to sport phase of rehab.

#### HIGH-LEVEL ATHLETE

- Progressive running program if the above criteria have been met. Cross train biking and pool activities.
- Focus on progressive strengthening, running, plyometric and pre-sport activities for preparation for the return to sport phase of rehab.

Some patients will have used up their insurance benefits by this point. That does not mean rehabilitation is finished: the therapist will set up a progressive home exercise program if needed, and joining a health club or gym at this stage is recommended to get the most out of rehabilitation.

## Phase VI - 6-9 months

#### CRITERIA FOR RETURN TO SPORTS (APPROXIMATELY 6-9 MONTHS POST-OP)

- Pain free
- Symmetrical ROM
- No effusion
- Quad Index > 90%
- Single leg press equal bilateral with 1 rep max test
- Jogging 2 miles pain free
- Functional hop testing 90% of non-involved extremity
- Y-Balance Test: composite score > 90%
- Functional bracing discussion
- Discussion with patient about confidence to RTS

## Abbreviations

AROM / AAROM / PROM: active / active-assisted / passive range of motion. ROM: range of motion. ER / IR: external / internal rotation. ABD / ADD: abduction / adduction (away from / toward the midline). FLEX / EXT: flexion / extension. WBAT / PWB / TTWB / NWB: weight bearing as tolerated / partial / toe-touch /

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non-weight bearing. SLR: straight leg raise. HS: hamstrings. ITB: iliotibial band. UE / LE: upper / lower extremity. UBE: upper body ergometer (arm bike). BAPS: balance board. BFR: blood flow restriction training. PREs: progressive resistance exercises. D/C: discontinue. prn: as needed. POD: post-operative day. TENS: transcutaneous electrical nerve stimulation. ADLs: activities of daily living.

### Source

Adapted from University Orthopedics, Inc., Sports Medicine Division, "ACL Reconstruction with Meniscus Repair", Undated, published by William Beaumont Army Medical Center at https://william-beaumont.tricare.mil/Health-Services/Hospital-Care-Surgery/Post-Operative-Rehabilitation-Protocols (reproduced with attribution; the clinical parameters are theirs, the wording is ours).

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