

THE ACL REHAB GUIDE

*Before surgery. After surgery.
And when your recovery stalls.*

01 PRE-OP

02 POST-OP

03 THE PLATEAU

CRITERIA, NOT CALENDAR.

Dr. Kaan Celebi, PT, DPT
Founder, The ACL Academy

1,000+ recoveries
30+ countries



READ THIS FIRST

YOUR KNEE DOESN'T OWN A CALENDAR.

If you're reading this, an ACL injury has probably taken over more of your life than you expected. The appointments. The waiting. Second-guessing every twinge at 2am.

I've guided more than 1,000 people through ACL recovery in over 30 countries. In addition to high-level athletes, a lot of my clients are parents, professionals and active adults who want their life back — not just their knee. And one thing separates the people who get all the way back from the people who get stuck:

THEY PROGRESS ON CRITERIA, NOT THE CALENDAR.

Not “it's week 12, so you can jog.” Instead: is the knee calm, is the range of motion where it should be, and is it strong enough to earn the next step? That's the thinking behind every page of this guide.

Find your stage. Do the self-checks honestly. Then send me your score — I want to know where you are.



Dr. Kaan Celebi, PT, DPT

Founder, The ACL Academy · ACL rehab is all we do

START HERE

FIND YOUR STAGE.

Jump straight to where you are. Every section ends with a self-check you can score in about five minutes.

01

BEFORE SURGERY

Just injured, deciding on surgery, or waiting for your date.

PAGE
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02

AFTER SURGERY

Day 1 to week 12 — the foundation everything else is built on.

PAGE
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03

THE PLATEAU

Three-plus months in, and your progress has stalled.

PAGE
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HOW THIS GUIDE WORKS

1

Find your stage

2

Do the self-check

3

Send me your score

Wherever you are, don't skip: **The one rule (p.4)** · **Is this normal? (p.15)** · **Your next step (p.26)**

THE ONE RULE

CRITERIA, NOT CALENDAR.

Most rehab runs on dates: jog at week 12, sport at month 9. But two people with the same surgery on the same day heal differently. So I don't progress anyone by the week. Every step is a gate — and your knee has to pass it.

1

GATE 1 · QUIET KNEE

Minimal swelling · fully straight · quad switched on · no limp

YOUR PRE-OP GOAL — AND YOUR FIRST JOB AFTER SURGERY

2

GATE 2 · STRENGTH & CONTROL

Full bend · single-leg control · quad 80%+ of your other leg, measured

3

GATE 3 · RUNNING

Pass the running checklist, then build a walk/run progression

WHERE MOST
RECOVERIES
STALL

4

GATE 4 · POWER & LANDING

Hops, jumps and deceleration — controlled first, then reactive

5

GATE 5 · SPORT & FULL LIFE

90%+ strength and hop symmetry · tested tired · confident

THE 24-HOUR RULE · DID YOU DO TOO MUCH?

- ✓ **Mild stiffness that settles within a few hours** is a normal response to load. Keep progressing.
- ✗ **More swelling, warmth, pain or a limp the next day** means that load was too much. Repeat it or ease back next session.

01

PART ONE • BEFORE SURGERY

THE WEEKS BEFORE SURGERY ARE PHASE ZERO.

Most people are told to rest until their surgery date. It's the worst advice you'll get in this whole recovery. The knee you take into the operating room shapes the knee you bring home.

YOUR QUAD STRENGTH BEFORE SURGERY PREDICTS YOUR KNEE FUNCTION TWO YEARS AFTER IT.

Eitzen et al., Br J Sports Med, 2009

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Do you actually need surgery?	6
The Quiet Knee Checklist	7
Five things to do while you wait	8
Questions for your surgeon	9



BEFORE YOU BOOK ANYTHING

DO YOU ACTUALLY NEED SURGERY?

I'm not against surgery — I help people recover from it every day. But not every torn ACL needs one, and the decision deserves a calm, strong knee, not panic in week two.

WHAT REALLY DECIDES IT

- **Does the knee give way?**
Instability in daily life matters more than the scan.
- **What do you want back?**
Cutting and pivoting sports change the equation.
- **Is anything else damaged?**
Meniscus or cartilage injuries can shift the decision.
- **How does it respond to rehab?**
Some knees stabilize remarkably well.
- **Your age and demands**
Goals, not birthdays, drive the choice.

THE KANON TRIAL (FROBELL ET AL., 2013)

Young, active adults with a torn ACL did structured rehab first, keeping surgery as an option. Five years later, about half had never needed it — with results comparable to the early-surgery group.

STOP THE GIVING WAY

Whatever you decide, don't let the knee keep buckling. In one study of people waiting for surgery, two or more episodes meant an inner-meniscus tear in about half of them — versus a quarter after one. Pivoting sport waits until the knee is stable.

PREHAB · YOUR TARGET

GO INTO SURGERY WITH A QUIET KNEE.

A swollen, stiff, weak knee comes out of surgery more inflamed and harder to switch back on. A quiet knee comes out ahead. Tick each one you can honestly say yes to:

- ☐ **Minimal swelling**
It looks close to your other knee and doesn't puff up after a normal day.
- ☐ **Fully straight**
It straightens as far as your other knee — not just to “zero.” Check it with the heel-height test on page 13.
- ☐ **Bends well**
The bend is close to your other side.
- ☐ **Walks normally**
No limp, no crutches, a normal heel-to-toe pattern.
- ☐ **Quad switched on**
You can lift the leg straight with no “lag” at the knee, and you're building toward 80% of your other leg's strength.

YOUR QUIET KNEE SCORE

___ / 5

5

Ready. Keep it that way until surgery day.

3–4

Close. Use every week you have.

0–2

Not quiet yet — that's what prehab is for. Raise it with your surgeon before your date.

Send me your score: reply **PREOP** + your score + your surgery date.

[OPEN DM ↗](#)

PREHAB • THE PLAN

FIVE THINGS TO DO WHILE YOU WAIT.

01 **Calm the swelling**

Compression, ice and elevation — leg above your heart, supported along the whole calf. Cut back anything that makes it puff up the next day.

02 **Get it fully straight**

Heel props: heel on a rolled towel, nothing under the knee, let it sink straight for a few minutes, several times a day. Never sleep with a pillow under the knee.

03 **Wake the quad up**

Quad sets: tighten the thigh until the kneecap pulls up, hold, repeat often. Add straight-leg raises once the knee stays locked, and muscle stimulation if your clinician uses it.

04 **Build strength in both legs**

Progress the load as the knee tolerates it: leg extensions, leg press, split squats, step-ups, bridges, calf raises. Train your other leg hard too — it can even help the injured side hold strength, an effect called cross-education.

05 **Walk without a limp**

Practice a normal heel-to-toe pattern. A limp you rehearse for weeks is a limp you'll have to unlearn after surgery.

LEARN YOUR POST-OP EXERCISES NOW

Practice quad sets, heel props and straight-leg raises before surgery. Your nervous system recognizes them afterwards — and the first week gets much easier.

Knee locking, catching or giving way again and again? Your plan changes — get it assessed before you push.

BEFORE YOU SAY YES

5 QUESTIONS TO ASK YOUR SURGEON.

01 Which graft — and why that one for me?

Hamstring grafts can leave lasting hamstring weakness in deep bend. Patellar and quad tendon grafts tend to mean a bigger early quad deficit, and patellar grafts more kneeling pain. Your rehab should be built around yours.

02 Is my meniscus involved — repair or trim?

A repair usually means weeks of limits on weight-bearing and bending. Ask which one you actually had.

03 Am I high-risk for a re-tear?

Young and heading back to pivoting sport? Ask about an add-on called LET. In one trial of about 600 high-risk patients aged 25 or under, it cut graft ruptures from 11% to 4%. It isn't for everyone — so ask if it's for you.

04 What's my week-by-week plan — and who runs it?

Surgery takes an hour or two. Rehab takes 9–12 months. Ask for milestones, not just a date.

05 What exactly clears me to run and to return to sport?

Listen for strength and hop testing. If the only answer is a month, ask what has to be true by then.

SET UP BEFORE SURGERY DAY

- | | |
|---|--|
| ☐ At-home muscle stim unit | ☐ Ice and compression ready |
| ☐ A wedge to support the whole leg | ☐ Shower chair, clear walkways |
| ☐ Medication schedule written down | ☐ Help at home for the first days |
| ☐ Your day-one exercises learned | |

02

PART TWO · AFTER SURGERY

THE FIRST 14 DAYS SET THE TONE FOR YOUR WHOLE YEAR.

These two weeks aren’t about heroics. They’re about four boring things, done perfectly, every day.

“I would ask my PT questions about my knee and he would give me a blank stare. When I found Kaan, within one phone call, I knew I wanted to work with The ACL Academy.”

Cara, ACL Academy graduate

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The 3-month trap	14
Is this normal?	15
7 early mistakes	16
Your early recovery check	17



DAY 1 TO DAY 14

FOUR THINGS. EVERY DAY. FROM DAY ONE.

01 Swelling

Elevate with the leg straight and supported along the calf, above your heart. Compression and ice. Short, frequent walks — not long ones. A puffy ankle is usually just gravity; ankle pumps help clear it.

02 Extension

Your most important early number. Heel props several times a day, nothing under the knee. Getting fully straight early is far easier than winning it back later.

03 Quad

Ten quad sets every waking hour: tighten, hold, feel the kneecap pull up. Muscle stimulation if your team uses it. Open-chain knee extensions once the knee is ready for isolated quad work.

04 Walking

Crutches and weight-bearing exactly as your surgeon prescribes. Heel lands with the crutches, squeeze the quad as you pass over the leg, then let the knee bend as it swings through. Drop the crutches when you can walk without a limp — not before.

BONUS: KNEECAP MOBILITY

Scar tissue around the kneecap limits straightening and bending. If your surgeon allows it, gentle kneecap glides from week one — up, down and side to side — keep it moving.

YOUR RECOVERY DOESN'T START AT YOUR FIRST PT VISIT. IT STARTS THE DAY YOU GET HOME.

MILESTONES, NOT DEADLINES

ARE YOU ON TRACK?

Typical checkpoints after an ACL reconstruction on its own.

Signposts, not deadlines — but if you're well behind one, find out why.

WEEKS 1–2

Fully straight, matching your other knee · a quad set you can see and feel · bend heading toward 90° · swelling trending down

WEEKS 3–4

Bend around 100° or more · straight-leg raise with no lag · off crutches without a limp, once you're cleared

WEEKS 5–8

Bend still gaining about 7–10° a week · swelling settles within 24 hours of sessions · normal walking · strength work progressing every week

WEEKS 9–12

Bend closing in on your other knee · controlled single-leg step-downs · quad strength measured, not guessed

MY RULE OF THUMB FOR BEND

About 100° by week four, then 7–10° a week — roughly a degree a day. The last 15–20° are the hardest; full bend that matches your other knee usually comes around month three. **If it hasn't moved for several weeks, or it's going backwards, get it assessed.**

Meniscus repair, other procedures or complications change these numbers. Your surgeon's restrictions always come first.

EXTENSION

STRAIGHT BEATS BENT. ALWAYS.

Lose even a few degrees of extension and you feel it in every step: a subtle limp, a quad that won't fully fire, more load through the front of the knee — and, long term, more arthritis. “Full” doesn't mean zero degrees. It means matching your other knee, even if that one goes slightly past straight.

THE HEEL-HEIGHT CHECK

Lie face down, legs hanging off the end of a bed from the knees down. Relax, and have someone look at your heels from the side. If one sits higher, that knee isn't fully straight — roughly 1 cm of gap per degree missing.

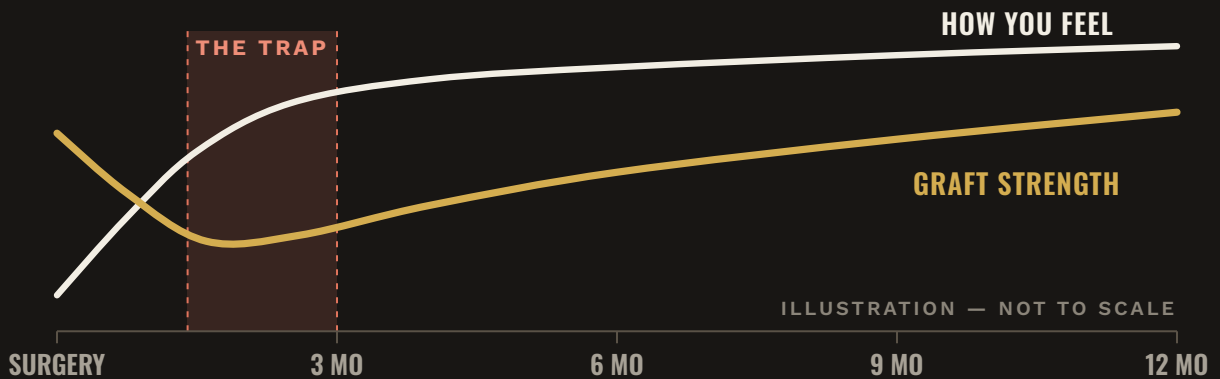
SIDE VIEW · FACE DOWN, KNEES JUST PAST THE EDGE OF THE BED

**WHEN STRAIGHTENING STALLS**

Most extension problems come from swelling, a sleepy quad, guarding — or not doing enough extension work. But in roughly 1 to 10 of every 100 reconstructions, a nodule of scar tissue (a “cyclops”) blocks the knee. Flag it early if extension stalls or slips back, the end feels like a hard or rubbery block, or there's a clunk near straight. In one review, about 78% of diagnosed cases had lost extension within six weeks. Caught early, it's very treatable.

WEEKS 6 TO 12 AND BEYOND

YOU'LL FEEL READY BEFORE YOUR GRAFT IS.



Your new ACL is strong on day one, but it isn't living tissue yet. Your body partly breaks it down to grow a blood supply into it, then slowly remodels it into ligament over one to two years. It's generally thought to be at its weakest somewhere around weeks 6–12 — right when you start feeling normal. Loading still rebuilds it. But months two and three are for controlled strength work, not the pivot or the “quick jog” to test it.

RUNNING ISN'T A DATE. IT'S A TEST.

The most common green light to run is simply time since surgery — a median of about 12 weeks. I'd rather you pass these:

- ☐ Full, pain-free extension and bend
- ☐ Leg strength at least 80% of your other leg — quad, hamstrings and leg press, measured
- ☐ A calm knee: no swelling the day after loading
- ☐ 30 minutes of walking with no limp
- ☐ Single-leg control: hop and land without a wobble

THE 2AM QUESTION

IS THIS NORMAL?

What usually settles on its own, what to keep an eye on, and what deserves a call. When in doubt, ask — guessing costs you more than the call.

USUALLY NORMAL

- Swelling that eases when elevated
- Bruising down the shin and ankle
- Numbness beside the scar
- Thigh twitching as the quad wakes
- A day 2–3 pain spike (nerve block)
- A puffy ankle (gravity moving fluid)
- Painless clicking or popping

KEEP AN EYE ON IT — TELL YOUR CLINICIAN

- Swelling still up 24h after exercise
- Bend stuck for several weeks
- No straight-leg raise by week 4
- Straightening stalled for 1–2 weeks
- A limp that isn't fading

CALL YOUR SURGICAL TEAM TODAY

- Calf pain or swelling: possible clot
- Wound redness or drainage
- Sudden giving way or new instability
- Fever, chills or a hot, red knee
- Swelling that keeps climbing
- Pain your medication doesn't touch

CHEST PAIN OR SUDDEN SHORTNESS OF BREATH: CALL EMERGENCY SERVICES NOW

AVOID THESE

7 EARLY MISTAKES THAT COST MONTHS.

01 A pillow under the knee

Comfortable — and the fastest way to lose extension. Support the whole leg instead.

02 Chasing bend, ignoring straight

Flexion gets the attention. Extension decides how you walk.

03 Treating quad sets as optional

The quad starts shrinking within days. Swelling switches it off; only consistent work switches it back on.

04 Overdoing the good days

One big day can cost you two easy ones. Use the 24-hour rule on page 4.

05 Accepting a limp

“It’ll go away” usually means it becomes a habit. Fix it on purpose.

06 Dieting while you heal

Your body is rebuilding tissue. Eat enough, get protein at every meal, and skip alcohol in the early weeks — it wrecks the sleep you heal in.

07 Comparing timelines

Pros rehab full-time with a team. Your friend had a different graft. Compare you with you, week on week.

“The more consistent you are early, the easier it is to activate your quad and avoid stiffness later.”

DR. KAAAN CELEBI

WEEK 2 TO MONTH 3 · ONE POINT PER BOX

YOUR EARLY RECOVERY CHECK.

- ☐ My knee straightens fully — the same as my other side.
- ☐ Swelling settles within 24 hours of exercise.
- ☐ I can lift my leg straight without the knee bending.
- ☐ My bend is on track for my week — and still improving.
- ☐ I walk without a limp (or I'm on track to drop the crutches).
- ☐ My exercises have progressed in the last two weeks.

STUCK ON A BOX?

Not sure it's fully straight? Do the heel-height check	13
Not sure what's on track for your week?	12
Worried about swelling, pain or a symptom?	15

YOUR EARLY RECOVERY SCORE

6

On track. Keep stacking weeks like this.

4-5

One or two leaks. Fix them now — they get harder later.

0-3

The foundation isn't set. Get eyes on your knee before it costs you months.

— / 6

Send me your score: reply **POSTOP** + your score + weeks since surgery.

[OPEN DM ↗](#)

03

PART THREE · THE PLATEAU

STUCK? YOU'RE NOT BEHIND. YOUR PLAN STOPPED MOVING.

By month three you're walking well and the swelling's down. Then the visits stop. You feel "good enough" — exactly where most recoveries flatline.

"IT'S NOT ABOUT MORE TIME. IT'S ABOUT THE RIGHT PROGRESSION ONCE THE CLINIC STOPS SEEING YOU."

Dr. Kaan Celebi

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Why recoveries stall	19
The Plateau Audit	20
Test both legs at home	21
What breaks a plateau	22
Before you return to sport	23



MONTHS 3 TO 6

WHY RECOVERIES STALL.

01 Nobody is measuring

“Looks stronger” isn’t a number. Your quad can stay 20–30% weaker than the other side for months, and you may not feel it — your strong leg quietly takes over.

02 The program stopped changing

Doing the same exercises at week 12 as at week 2 is maintaining, not progressing.

03 It’s too light

What got you to 80% won’t get you to 90%. The next phase needs genuinely heavy single-leg strength work — then power.

04 The foundation isn’t finished

A few degrees of missing extension, a knee that still swells after training, a subtle limp — each one caps everything built on top of it.

05 Only the quad got trained

Your calf, hamstrings, hips — and your other leg — all carry load your knee can’t afford to take on.

06 The system discharged you, not your knee

In the US, many insurance plans cap physical therapy at around 20 visits a year. ACL rehab averages closer to 37. The visits run out right when the real strength work should start.

“Around the three-month mark with my old PT, I was still doing the same exercises I was doing early on, before I found The ACL Academy.”

CARA · ACL ACADEMY GRADUATE

SCORE YOURSELF

THE PLATEAU **AUDIT.**

Ten yes-or-no questions. One point for every honest yes.

- ☐ 1 My knee straightens fully — the same as my other side.
- ☐ 2 It doesn't swell the day after hard sessions.
- ☐ 3 Going down stairs feels normal — no hesitation, no favoring.
- ☐ 4 My quad strength was measured against my other leg in the last month, and I know the number.
- ☐ 5 My program has changed meaningfully in the last four weeks.
- ☐ 6 I'm lifting genuinely heavy on one leg — not just bands and bodyweight.
- ☐ 7 My calf, hamstrings and hips are trained and tested too.
- ☐ 8 I've practiced hopping, landing and changing direction — with control.
- ☐ 9 I have a written, criteria-based plan for running and return to sport.
- ☐ 10 I trust my knee in real life: uneven ground, quick turns, a bump from someone.

YOUR PLATEAU SCORE

___ / 10

9–10

On track. Keep testing, keep progressing.

6–8

Leaks. Every “no” is a gap that will cap your recovery.

0–5

Stalled. You don't need more time — you need a rebuilt plan.

Send me your score: reply **PLATEAU** + your score + months since surgery.

[OPEN DM ↗](#)

FOUR AT-HOME SCREENS

TEST BOTH LEGS.

Good leg first, then your surgical leg. Write both down. Only if you're cleared for single-leg work — stop if anything hurts.

THIS IS NOT A STRENGTH TEST. A formal strength assessment is still required.

	GOOD LEG	SURGICAL LEG
1 Single-leg sit-to-stand 5 slow reps from a chair, arms crossed, without dropping into the seat.	<input type="text"/>	<input type="text"/>
2 Step-down in a mirror Step slowly off a low step. Does the knee dive inward or wobble more than the other side?	<input type="text"/>	<input type="text"/>
3 Single-leg calf raises Full, controlled reps until you can't. Count them.	<input type="text"/>	<input type="text"/>
4 Balance + head turns 30 seconds on one leg while turning your head side to side. Any grabbing for support?	<input type="text"/>	<input type="text"/>

TWO OR MORE CLEAR DIFFERENCES? YOU DON'T NEED MORE MOTIVATION. YOU NEED TARGETED PROGRESSION.

YOUR SYMMETRY NUMBER = SURGICAL LEG ÷ GOOD LEG × 100



But symmetry isn't the whole story. Your "good" leg usually gets weaker during rehab too — so 90% of a weakened leg can hide two weak legs. That's why I also compare strength to bodyweight.

THE FIX

WHAT ACTUALLY BREAKS A PLATEAU.

01 Test, then program

Measure strength against your other leg and your bodyweight. Re-test every month — numbers you can watch move are the best motivation there is.

02 Go heavy — on one leg

Slow, heavy single-leg work where your good leg can't cheat: knee extensions, split squats, single-leg press. Progress the load, not just the reps.

03 Train the whole chain

Calf power can be up to a third lower on the operated side, and the deep calf helps control the same shin movement your ACL does. Hamstrings and hips too.

04 Earn your power

Once the strength is there, rebuild the spring in steps: two legs to one, on the spot to moving, predictable to reactive.

05 Make fear a training variable

Confidence isn't a mindset. It's evidence. Start controlled, then add load, then speed, then chaos.

06 Recover like it's training

One night without sleep has been shown to cut muscle protein synthesis by about 18%. Sleep and protein are part of the program.

THE FINAL GATE

TIME DOESN'T CLEAR YOU. YOUR KNEE DOES.

7×

the rate of new injury in young athletes who went back before 9 months, vs those who waited

Beischer et al., 2020

51%

lower re-injury rate for every month return was delayed, up to 9 months

Grindem et al., 2016

68%

failed a hop test once they were tired — after 0% failed it fresh

Augustsson et al., 2004

BEFORE YOU RETURN

- ☐ Leg strength 90%+ of your other leg — quad, hamstrings and leg press, measured, and strong for your bodyweight
- ☐ Hop tests at 90%+ — single, triple and crossover hops
- ☐ No swelling after hard training
- ☐ Confident cutting, landing and stopping — tested tired, not just fresh
- ☐ Ready in your head too — a score like the ACL-RSI can measure it
- ☐ Time *and* testing. Never one without the other.

In the Delaware-Oslo cohort (Grindem et al., 2016), athletes who went back to pivoting sport **without passing** return-to-sport criteria re-injured 38.2% of the time. Those who **passed**: 5.6%.

IN THEIR WORDS

REAL PEOPLE. REAL RECOVERIES.

“Since the week I started working with Kaan my progress has literally skyrocketed. If I was gonna suggest any physio to anyone who is pre-surgery, post surgery, no surgery I would recommend Kaan over and over and over...”

CHRISTA

“I was feeling quite lost in my recovery, my leg was weak and my confidence was low and I was really doubting myself. Kaan helped me see that I didn’t need surgery so now I’m as strong if not stronger than I was before...”

BECCA

“Your program is much more numbers-based, so you start with a strength test and you have something to build from. Every month you retake that same test and you see the numbers build.”

CARA · NOW BACK TO TRAIL RUNNING AND SKIING

“We worked together for 6 months, he built a personalized training plan for me, and was there to answer any questions... I’m really grateful for the ACL Academy for helping me along the way.”

KAITLIN

Individual experiences. Recovery outcomes vary.



MEET YOUR COACH

DR. KAAAN CELEBI, PT, DPT

Kaan is a Doctor of Physical Therapy who works with one injury: the ACL. After seeing too many people leave generic rehab with a weak quad and a calendar date, he built The ACL Academy — a fully online, one-to-one program that has guided 1,000+ recoveries in 30+ countries. His clients range from high-level athletes to parents and professionals — anyone who wants their life back, not just their knee.

HOW ONE-TO-ONE COACHING WORKS

01 ASSESS

A video assessment and baseline testing: your knee, your surgery, your goals.

02 BUILD

Your program in the app, built around your graft, your equipment and your schedule.

03 PROGRESS

Weekly tracking, strength tests and video analysis I review myself. You move on when your numbers say so.

1,000+ recoveries

30+ countries

100% online

YOUR NEXT STEP

SEND ME YOUR NUMBERS.

Reply to the message this guide came in — or DM **@acl_academy** — with three things:

- 1 Your stage**
Pre-op, weeks since surgery, or months since surgery
- 2 Your score**
Quiet Knee ___/5 · Early Check ___/6 · Plateau Audit ___/10
- 3 Your sticking point**
The one thing your knee still won't let you do

e.g. "PLATEAU · 6/10 · month 7 · my knee swells every time I try to run"

SEND YOUR NUMBERS ↗

We read every reply. If your knee needs more than a guide, we'll tell you straight.

WANT ME TO BUILD YOUR PLAN?

That's The ACL Academy: **paid one-to-one virtual coaching**. We get you properly assessed, I build your program myself, and we test and adjust it every week until your knee passes — not until the calendar says so.

REPLY "READY" ↗

The guide is free. Coaching is paid. If you're looking for one-to-one help with your ACL recovery and are ready to invest in coaching, reply READY and I'll send you the details.



SMALL PRINT

SOURCES & DISCLAIMER.

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- 16 **PT visits:** Temporal utilization of physical therapy visits after ACL reconstruction (2021); CBS News analysis of US insurance PT visit caps.

PLEASE READ

This guide is general education, not medical advice. It doesn't replace an assessment by your surgeon, physician or physical therapist, and it doesn't create a clinician–patient relationship. Every knee, surgery and recovery is different — follow your surgical team's restrictions, especially after a meniscus repair or other procedures. If you notice any red flag on page 15, contact your surgical team; for chest pain or sudden shortness of breath, call emergency services. Testimonials are individual experiences; outcomes vary.