

ACL Reconstruction Rehab Protocol

Patient Name: _____ Date: _____

Diagnosis: _____ DOS: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 weeks

Phase 1 (0-6 weeks)

- Goals: Control swelling, activate quadriceps, restore neuromuscular communication, prevent kinesiophobia
- Gait training
- Modalities: Compressive cyrotherapy, e-stimulation
- Weight bearing:
 - As tolerated with crutches, unless:
 - * *Non-weight bearing x 6 weeks for ACL Revision surgery.*
 - * *Non-weight bearing x 6 weeks with meniscal repair or cartilage restoration. Defer to these attached protocols for weight bearing, ROM and bracing guidance.*
 - * *Non-weight bearing x 6 weeks in cases of multi-ligamentous knee (+/- PCL/MCL/PLC)*
- Brace:
 - 0-6wks
- ROM:
 - Locked in extension for initial 48 hours.
 - 0-4wk: Passive 0-90 degrees
 - 4-6wk: Advance to full ROM 0-120 degrees
- Exercises: Heel slides, quadriceps / hamstring sets, patellar mobilizations, gastroc/soleus stretches; SLR in full extension until quad strength prevents extension lag

Phase 2 (6-12 weeks)

- Weight bearing: Full progression to normal gait pattern
- Brace: Discontinue at 6 weeks postoperatively
- ROM: Maintain full extension and progress flexion to full
- Exercises: Progress from Phase 1: Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks, hip/gluteal/core, pool

Phase 3 (12-16 weeks)

- Weight bearing: Full, without use of crutches and with a normalized gait pattern
- Brace: None
- ROM: Gain full and pain-free
- Exercises: Advance closed chain strengthening, progress proprioception activities. Begin Stairmaster, elliptical.

Phase 4 (16-24 wks)

- Weight bearing: Full
- Brace: None
- ROM: Full
- Exercises:
 - 16wks: Advance jogging to running. Begin jumping
 - 20wks: Advance running to sprinting, backward running
 - Cutting/pivoting/changing direction, initiate plyometric program and sport specific drills
 - 22wks: Advance as tolerated

Phase 5 (> 6mo)

- Weightbearing: Full
- Brace: None
- ROM: Full
- Exercises: Gradual return to sports participation after completion of FSA **

*Rehab may be modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

**Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at approx. 22 weeks post op for competitive athletes returning to play after rehab