

ACL Reconstruction Rehabilitation Protocol

Weeks 1-6

- Weight bearing as tolerated without assist by post-op day 10
- Patients in hinged knee braces should be locked in extension when sleeping and ambulating until week 6.
- ROM – progress through passive, active and resisted ROM as tolerated. Extension board and prone hang with ankle weights (up to 10#) recommended. Stationary bike with no resistance for knee flexion (alter set height as ROM increases). (Goal – Full extension by 2 weeks, 120 degrees of flexion by 6 weeks)
- Patellar mobilization, 5-10 minutes daily.
- Strengthening – quad sets, SLRs with knee locked in extension. Begin closed chain work (0- 45 degrees) when full weight bearing. No restrictions to ankle/hip strengthening.

Weeks 6-12

- Transition to custom ACL brace if ordered by the physician.
- ROM – Continue with daily ROM exercises (Goal – increase ROM as tolerated)
- Strengthening – Increase closed chain activities to 0-90 degrees. Add pulley weights, theraband, etc.
- Monitor for anterior knee pain symptoms. Add core strengthening exercises.
- Add side lunges, and/or slideboard. Add running around 8 weeks when cleared by physician.
- Continue stationary bike and biking outdoors for ROM, strengthening, and cardio.

Weeks 12-18

- Advance strengthening as tolerated, continue closed chain exercises. Increase resistance on equipment.
- Initiate agility training (figure 8s, cutting drills, quick start/stop, etc.). Some patients may be cleared by MD earlier.
- Begin plyometrics and increase as tolerated.
- Begin to wean patient from formal supervised therapy encouraging independence with HEP