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# Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction

## Phase 1 (Weeks 0-4)

- **Weightbearing:** As tolerated with crutches (may be modified if concomitant meniscal repair or articular cartilage procedure is performed)
- Hinged Knee Brace:
  - Locked in full extension for ambulation and sleeping (Weeks 0-1)
  - Unlocked for ambulation and removed while sleeping (Weeks 1-4)
- Range of Motion: AAROM → AROM as tolerated
- Therapeutic Exercises
  - Quad/Hamstring sets and heel slides
  - Non-weightbearing stretch of the Gastroc/Soleus
  - Straight-Leg Raise with brace in full extension until quad strength improves and extension lag is eliminated
  - If hamstring autograft harvest was performed, avoid hamstring stretching until
    4 weeks post-op

# Phase 2 (Weeks 4-6)

- Weightbearing: As tolerated discontinue crutch use
- **Hinged Knee Brace:** Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- Range of Motion: Maintain full knee extension work on progressive knee flexion
- Therapeutic Exercises
  - Okay to begin blood flow restriction therapy
  - o Closed chain extension exercises, Hamstring stretching, Toe raises, Balance exercises
  - o Progress to weightbearing stretch of gastrocnemius/soleus
  - Begin use of stationary bicycle

#### Phase 3 (Weeks 6-16)

- Weightbearing: Full weightbearing
- Brace: None
- Range of Motion: Full/Painless ROM
- Therapeutic Exercises
  - Begin hamstring strengthening
  - o Advance closed chain strengthening exercises, proprioception activities
  - o Begin use of Stairmaster/Elliptical
  - Can start straight ahead running at 12 weeks

## Phase 4 (Months 4-6)

- Continue with strengthening (quad/hamstring) and flexibility
- Begin cutting exercises and sport-specific drills
- Maintenance program for strength and endurance
- Return to sports at 6 months