

ACL Reconstruction

Operative Rehabilitative Protocol

0-1 Week

- Modalities including cryotherapy, electrical stimulation, biofeedback
- WBAT with brace locked in extension and crutches
- Active flexion and extension exercises (Goal 90 degrees)
- Closed chain ROM, active straight leg raise in all planes
- Patellar mobilization
- Prone extension stretch (avoid hyperextension)

1-2 Weeks

- Good leg assisted ROM, if unable to achieve active ROM
- Continue above exercises and modalities
- Make sure terminal extension is achieved
- Start hip and contralateral leg strengthening
- Start stationary bicycling and stairmaster
- Continue brace locked straight for ambulation

2-4 Weeks

- Continue above exercises and modalities
- 1/3 knee bends with weightbearing
- Selective aqua therapy for effusion control
- Continue brace
- ROM should be full

4-12 Weeks

- Discontinue brace except for high risk
- Keep and maintain ROM
- Continue above exercises, modalities if needed
- Start gait training and treadmill walking (forward, backward, uphill)
- Start bicycle, elliptical and stair stepper

3-5 Months

- Continue above exercises
- Running program straight ahead, if approved and effusion gone
- Light jogging on treadmill
- Start strengthening program

6-8 Months

- Double and single leg hops
- Figure 8's, carioca, shuffle, lazy Z's
- Strength test-full ROM
- Paced sport return depending on progress
- Fit for functional brace

Criteria for return to sports activities

- One-leg hop test, 90% of opposite leg
- Jog and full speed run without limp
- Shuttle-run and figure 8 run without limp
- Single leg vertical jump, 90% of opposite leg
- Squat and rise from squat