Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Bone-Patellar Tendon-Bone Allograft

Name: ____________________________________________________________              Date: __________________________

Diagnosis: _______________________________________________________              Date of Surgery: ________________

Phase I (Weeks 0-4)
• **Weightbearing:** As tolerated with crutches (may be modified if concomitant meniscal repair/meniscal transplant or articular cartilage procedure is performed)
• **Hinged Knee Brace:**
  o  Locked in full extension for ambulation and sleeping (Weeks 0-1)
  o  Unlocked for ambulation and removed while sleeping (Weeks 1-4)
• **Range of Motion** – AAROM → AROM as tolerated
• **Therapeutic Exercises**
  o  Quad/Hamstring sets and heel slides
  o  Non-weightbearing stretch of the Gastroc/Soleus
  o  Straight-Leg Raise with brace in full extension until quad strength prevents extension lag

Phase II (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**
  o  Closed chain extension exercises
  o  Hamstring curls
  o  Toe raises
  o  Balance exercises
  o  Progress to weightbearing stretch of the Gastroc/Soleus
  o  Begin use of the stationary bicycle

Phase III (Weeks 6-16)
• **Weightbearing:** Full weightbearing
• **Range of Motion** – Full/Painless ROM
• **Therapeutic Exercises**
  o  Advance closed chain strengthening exercises, proprioception activities
  o  Begin use of the Stairmaster/Elliptical
  o  Can Start Straight Ahead Running at 12 Weeks

Phase IV (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**

Comments:

Frequency: _____ times per week                Duration: ______ weeks

Signature: ________________________________                        Date: __________________________