Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Bone-Patella-Tendon Bone or Achilles Allograft

Name: __________________________________________ Date: ________________________

Diagnosis: ______________________________________ Date of Surgery: ________________

Phase I (Weeks 0-4) – Goals: Control pain, recover ROM: full extension, flexion to 110, counter quad inhibition
• **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
  o 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)
• Gradual return to athletic activity as tolerated
• Maintenance program for strength and endurance

Comments:

Frequency: _____ times per week Duration: ______ weeks

Signature: __________________________________________ Date: ________________