

# Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Allograft



Hospital for Joint Diseases  
NYU LANGONE MEDICAL CENTER

**Craig M. Capeci, MD**  
Orthopaedic Surgery & Sports Medicine  
Clinical Assistant Professor

\_\_1095 Park Ave, NY 212-427-7750  
\_\_1056 5<sup>th</sup> Ave, NY 212-348-3636  
\_\_263 7<sup>th</sup> Ave, Bklyn 718-246-8700

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:**
  - 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
  - Heel slides
  - Non-weightbearing stretch of the Gastroc/Soleus
  - 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**
  - Closed chain extension exercises
  - Hamstring curls
  - Toe raises
  - Balance exercises
  - Progress to weightbearing stretch of the Gastroc/Soleus
  - Begin use of the stationary bicycle

**Phase III (Weeks 6-16)**

- **Weightbearing:** Full weightbearing
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
  - Advance closed chain strengthening exercises, proprioception activities
  - Begin use of the Stairmaster/Elliptical
  - **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: \_\_\_\_\_