



ACL RECONSTRUCTION REHAB PROTOCOL

Preoperative Evaluation:

1. Laxity (KT)
2. ROM and thigh girth measurements

Immediate Postop

1. Ice dressing, full extension
2. Isometric quad sets, ankle pumps every hour
3. WBAT with crutches x 2 weeks
 - a. IF meniscal repair, WBAT in full extension brace x 4 weeks

WEEK 1

1. Achieve 90 deg knee flexion
 - a. Active assist knee flexion (seated)
 - b. Standing hamstring curls
2. Patellar mobilization

WEEK 2-6

1. AAROM knee flexion with overpressure: goal 0-130deg
2. Progressive cycling exercise (no resistance first two weeks)
3. Closed chain exercises
4. May discontinue extension knee brace during ambulation once quad function restored

WEEK 7-12

1. Progressive lower extremity strengthening
 - a. May sandbag tibial tubercle for straight leg raise if able
 - b. Squats (no weight) from 0-90deg knee flexion okay
2. May begin swimming program (no whip kick)
3. May begin outdoor biking (no hills)

WEEK 12-16

1. Progressively increasing functional strengthening
2. Weight room
 - a. Leg press (body weight to fatigue)
 - b. Half squats ½ body weight, progress to full body weight as tol
3. Agility work
 - a. Figure 8, backward jog, balance/proprioception exercises
4. Half speed jog, build up to one mile by 16 weeks postop



WEEK 16-24

1. Improve quad strength/function
2. Improve endurance, coordination/proprioception
 - a. Introduce zig-zag running, tighter figure 8, increase cycling resistance, increase jogging distance, step-ups (take 2x longer to step back down)
3. For basketball: may start shooting baskets only
4. For tennis: recreational only, no sharp pivoting
5. For golf: 9 holes at most

Final evaluation for release to competitive sports:

1. Thigh circumference within 1 cm normal side
2. One legged hop

IMPORTANT:

Notify surgeon if

- Full extension not achieved by 4 weeks postop at the latest
- Increase swelling/pain/fevers