

ACL Reconstruction Rehabilitation

Phase I (Post-op Day 1-28)

- Start physical therapy 3-7 days post-op.
- Ice and elevate knee 15 minutes, 3-5 times per day.
- > Ankle pumps, quad sets, and seated heel slides for home exercises.

Weight-bearing:

- Post-op day 1-1 week: Partial as tolerated with two crutches.
- > 1-2 weeks: Partial progressing towards normal mechanics.
- After two weeks, progress to full weight-bearing with no crutches when gait mechanics are normal.
- ➤ With meniscal repairs: partial weight-bearing x2 weeks.

Physical Therapy:

0-2 weeks:

- > 4 way hip exercises as tolerated (no quad lag with flexion)
- Quad sets (with NMES as needed)
- > Ankle pumps
- Seated heel slides
- PROM-work on full extension
- > AROM to 90 degrees flexion if possible

2-4 weeks:

- **➢** Bike for ROM
- > Standing toe raises
- Continue heel slides, quad sets, 4 way SLR
- ➤ Mini-squats
- > Single leg balance

Phase II (4-12 weeks post-op)

4-8 weeks:

- Continue ROM exercise and PROM-Full extension
- ➢ Bike for endurance/ROM
- Progress 4 way hip
- Standing and prone knee curls with cuff weights (NO hamstring activation until 6 weeks post-op for meniscus repairs and hamstring allografts)
- Progress balance, proprioceptive exercises, CKC, BAPS, rocker-board, and shuttle balance.
- ➤ Wall squats and total gym squats 60-90 degrees
- > Step-ups (pain free)
- Partial lunges
- > Begin elliptical
- Ice/IFC after exercises. NMES to quad if needed.
- > Should have full ROM compared to uninvolved side, no patellar pain, and normal gait pattern with full extension.

9-12 weeks:

- > Continue progression of all PRE's
- Progress bike to interval training and begin elliptical
- Progress to leg press
- > Begin two leg hops on mini trampoline
- May being jogging 10-12 weeks with doctor approval (12-14 weeks for double bundle).
- No twisting activities

Phase III (3-6 months post-op)

12-16 weeks:

- Progress PRE's and resistance, running progression
- Begin lateral movements-side stepping and monster walks
- Begin agility drills if normal ROM, good strength, and no pain.

16-20 weeks:

- Progress sports specific activities
- > Figure 8's, cutting
- Formal physical therapy can be discharged with physician approval and patient should enroll in post rehab/bridge program until released to full sport and/or work.

20-24 weeks:

- Jumping and plyometric training
- > Return to sport training
- Physician approval for return to sport/work (sports: 6-9 months)

These instructions are to be used as general guidelines. Before 3 months, it is important not to go any faster even if the patient seems able, since most important consideration is graft protection! Please contact physical therapy department or physician if there are any questions or concerns