



**ACL Reconstruction  
Patellar Tendon, Quad Tendon Autograft**

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- Phase I – Immediate Post Surgical Phase (Week 0-2)
  - Goals:
    - Maintain integrity of reconstructed tissue
    - Gradually increase PROM
    - Decrease pain and inflammation
    - Prevent muscular inhibition
  - Cryotherapy for pain/inflammation
    - Ice 15-20 minutes every hour
  - Sleeping
    - Sleep in brace/knee immobilizer
  - Weight Bearing
    - As tolerated in hinged brace
    - Crutches as needed
  - Brace
    - Hinged brace locked in extension for ambulation until good quad control
    - Once good quad control, may unlock brace for ambulation
  - ROM
    - As tolerated (unless meniscus repair, then defer to ROM/WB restrictions in appropriate meniscus repair protocol)
    - Goal full extension, at least 90 degrees flexion by 2 weeks post op
  - Muscle Retraining
    - Quadriceps isometrics, SLR
    - Heel slides
  - Patellar Mobilizations
- Phase II – Protection Phase (Week 2-6)
  - Goals
    - Allow healing of soft tissue
    - Do not overstress healing tissue
    - Gradually increase ROM
      - Progression based on swelling/inflammation
    - Decrease pain and inflammation
    - Good patellar mobility

- Week 2-4
  - Continue use of ice as needed
  - Continue ROM progression
  - Weight bearing
    - May discontinue crutches when appropriate
  - Core strengthening
  
- Week 4-6
  - May use heat prior to exercises
  - Gradually increase ROM
  - Muscle retraining
  - Stationary bicycle if pain permits (in brace)
  - Proprioception training
  - Core strengthening
  
- Phase III – Intermediate Phase (Week 6-12)
  - Goals
    - Full ROM (Week 6-8)
    - Focus on maintaining full extension
    - Eliminate swelling
    - Functional exercise movements
    - May discontinue brace (Dr. Hess discretion)
  - Criteria to progress to Phase III
    - Minimal inflammation/pain
    - Near full ROM
    - Strong quadriceps contraction
  - Continue quadriceps strengthening
  - Continue above exercises
  - May begin wall squats
  - May begin pool program
  - Closed-chain quad exercises
  - Balance, proprioception
  - Core/hip/glute program
  
- Phase IV –Strengthening Phase (Week 12-18)
  - Goals
    - Maintain full ROM
    - Improve limb strength and endurance
    - Gradual return to functional activities
  - Criteria to progress to Phase IV
    - Full, non-painful ROM
    - Absence of swelling/inflammation
  - Continue above exercises

- May begin straight-ahead running at 12 weeks
- May begin jumping at 16 weeks
- Phase V –Return to Activity Phase (Week 18-24+)
  - Goals
    - Gradual return to strenuous work activities
    - Gradual return to recreational sports activities
  - Criteria to progress to Phave V
    - Appropriate strength level/Clinical exam
  - May begin sprinting, cutting, pivoting at 20-22 weeks
  - Initiate plyometric program, sport specific drills at 20-22 weeks
  - May complete functional sports assessment (FSA) at 24 weeks
  - Clearance to return to sport dependent upon progress with PT, discussion with Dr. Hess