

ACL Reconstruction Rehab Protocol Dr. Allan Hunt

- Weight-bearing: Weight bearing at tolerated with brace locked in extension
 - Use crutches for balance and to prevent falling- progress as follows:
 - Full weight-bearing in immobilizer using crutches
 - Full weight-bearing in immobilizer without crutches
 - Full weight bearing without immobilizer or crutches
- Phase I (Weeks 0-3)
- Range of Motion
 - o Start POD # 2
 - Full extension to flexion as tolerated
 - Patellar mobilizations
 - Use ice to reduce swelling and effusion after exercises
- Therapeutic Exercises
 - Weeks 0-2: Straight leg raise/Quad sets, Hamstring isometrics
 Perform exercises in the brace if quad control is inadequate
 - Establish normal gait pattern early
 - Weeks 2-8: Begin progressive isometric closed chain exercises, stationary bike for ROM
- Phase II (Weeks 3-6)
- Weight-bearing: Full weight-bearing with a normal gait pattern, no limping
- Range of Motion Advance to full/painless ROM
- Therapeutic Exercises
 - o Advance bilateral and unilateral closed chain exercises
 - Emphasis on concentric/eccentric control
 - o Stationary bike/Treadmill/Stairmaster/Elliptical
 - Start sport cord lateral drills
 - Ice after exercises
- Phase III (Weeks 6-10)
- Weight-bearing: Full weight-bearing with a normal gait pattern- no crutches
- Range of Motion Full/painless ROM
- Therapeutic Exercises
 - Advance strength training
 - o Progress to balance/proprioception exercises
 - Start light plyometric exercises
 - o Start jogging and basic running program at 8 weeks



- Phase IV (Weeks 10+)
- Weight-bearing: Full weight-bearing with a normal gait pattern
- Range of Motion Full/Painless ROM
- Therapeutic Exercises
 - o Continue closed chain strengthening exercises and proprioception activities
 - o Emphasize single leg loading
 - o Sport-specific rehabilitation running/agility training at 9 months
 - Return to impact athletics 16 months (if pain free)
 - o Maintenance program for strength and endurance