

## ACL Reconstruction with Allograft Rehab Protocol

The surgeon must specify on the referral any specific recommendations or deviations that fall outside this protocol.

Phase I Weeks 0-2	Phase II Weeks 2-6	Phase III Weeks 6-12	Phase IV Weeks 12-24+
<p><b>Clinical Care</b></p> <ul style="list-style-type: none"> <li>-Gain and maintain full ext</li> <li>-Minimum flex to 90°</li> <li>-Decrease post-op swelling</li> <li>-Progress to independent gait</li> <li>-Initiate strengthening program</li> </ul> <p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>-No pool activity</li> </ul> <p><b>Brace:</b></p> <ul style="list-style-type: none"> <li>-Wean from brace after: <ul style="list-style-type: none"> <li>-SLR x10 w/o lag</li> <li>-Single leg stance w/ UE support</li> </ul> </li> </ul> <p><b>Gait:</b></p> <ul style="list-style-type: none"> <li>-Wean from crutches by POD 14</li> </ul> <p><b>ROM Goals:</b></p> <ul style="list-style-type: none"> <li>-Extension: 0°</li> <li>-Flexion: 90°</li> </ul> <p><b>Exercises:</b></p> <ul style="list-style-type: none"> <li>-AAROM knee flexion w/ over pressure</li> <li>-Passive extension stretching</li> <li>-Stationary biking, no resistance</li> <li>-Gait training</li> <li>-Patellar mobs</li> <li>-Ankle pumps</li> <li>-Quad sets (0° and 90°)</li> <li>-Multiplanar SLR</li> <li>-Calf raises</li> <li>-Mini squat w/ band</li> <li>-Hamstring bridge</li> <li>-TKE</li> <li>-NMES is strongly recommended</li> </ul>	<p><b>Clinical Care</b></p> <ul style="list-style-type: none"> <li>-Swelling mgmt.</li> <li>-Patellar mobs</li> <li>-NMES</li> <li>-Manual knee flex/ext stretching</li> <li>-Light scar mobilization when wound closed</li> <li>-Blood flow restriction training</li> <li>-Pool therapy when OK'd by MD</li> </ul> <p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>-No running or cutting activities</li> <li>-WBAT crutches until sufficient quad control</li> <li>-CKC (0-60°) for strength training</li> <li>-OKC (90-45°) for strength training</li> </ul> <p><b>ROM Goals:</b></p> <ul style="list-style-type: none"> <li>-Extension: 0°</li> <li>-Flexion: &gt; 120°</li> </ul> <p><b>Exercises:</b></p> <ul style="list-style-type: none"> <li>-Continue Phase I exercises as needed</li> <li>-Maintain flex as tolerated and attain/maintain full ext</li> <li>-Leg press (double/single)</li> <li>-Forward and lateral step ups</li> <li>-Knee ext (90-45° only!)</li> <li>-Initiate hamstring curls</li> <li>-Resisted TKE</li> <li>-CKC hip strengthening</li> <li>-Progress proprioceptive activities</li> </ul> <p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>-Normal gait mechanics</li> <li>-Single leg stance control w/o UE support</li> <li>-Effusion managed</li> <li>-ROM &gt; 120° flexion</li> </ul>	<p><b>Clinical Care:</b></p> <ul style="list-style-type: none"> <li>-Blood flow restriction training</li> <li>-Manual therapy PRN</li> <li>-Eccentric training (CKC)</li> </ul> <p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>-Watch for patellofemoral pain</li> </ul> <p><b>ROM Goals:</b></p> <ul style="list-style-type: none"> <li>-Full Extension</li> <li>-Flexion within 10° of uninvolved side</li> </ul> <p><b>Exercises:</b></p> <ul style="list-style-type: none"> <li>-Continue previous exercises as needed</li> <li>-Advance CKC strengthening single leg without dynamic valgus</li> <li>-Step downs</li> <li>-Lunges</li> <li>-High level strengthening: single leg on unstable surfaces w/o dynamic valgus</li> <li>-High level hamstring loading</li> </ul> <p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>-Negotiate stairs normally</li> <li>-Restore limb confidence</li> <li>-ROM: full ext and flexion to within 10° uninvolved limb</li> </ul>	<p><b>Clinical Care:</b></p> <ul style="list-style-type: none"> <li>-Blood flow restriction training for atrophy if needed</li> </ul> <p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>-No jumping, cutting or sprinting until cleared by MD</li> </ul> <p><b>Exercises:</b></p> <p><b>12 Weeks – 16 Weeks</b></p> <ul style="list-style-type: none"> <li>-Initiate walk-jog program if appropriate</li> <li>-Light agility drills</li> </ul> <p><b>16+ Weeks</b></p> <ul style="list-style-type: none"> <li>-Progression of agility drills/plyometrics</li> <li>-Jumping: double progress to single leg</li> <li>-Running to straight line sprinting progression</li> <li>-High resistance: LE strengthening OKC/CKC full ROM as tolerated</li> </ul> <p><b>24+ Weeks</b></p> <ul style="list-style-type: none"> <li>-Cutting/sport specific activities if cleared</li> </ul> <p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>-Return to sport of heavy work cleared by MD</li> <li>-&gt; 90% of limb symmetry on Functional Testing</li> <li>-Within 1 cm quad girth difference side to side</li> </ul>