Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Allograft (Achilles, tibialis anterior, or bone-patellar-bone)

Name: ________________________________                  Date: ________________________

Diagnosis: ________________________________________________                  Date of Surgery: ________________

Phase I (Weeks 0-4)
- **Weightbearing**: As tolerated with crutches (may be modified if concomitant meniscal repair/meniscal transplant or articular cartilage procedure is performed)
- **Hinged Knee Brace**:
  - Locked in full extension for ambulation and sleeping (Weeks 0-1)
  - Unlocked for ambulation and removed while sleeping (Weeks 1-4)
- **Range of Motion** – AAROM → AROM as tolerated
- **Therapeutic Exercises**
  - Quad/Hamstring sets and heel slides
  - Non-weightbearing stretch of the Gastroc/Soleus
  - Straight-Leg Raise with brace in full extension until quad strength prevents extension lag

Phase II (Weeks 4-12)
- **Weightbearing**: As tolerated -- discontinue crutch use
- **Hinged Knee Brace**: Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- **Range of Motion** – Maintain full knee extension – work on progressive knee flexion
- **Therapeutic Exercises**
  - Closed chain extension exercises
  - Hamstring curls
  - Toe raises
  - Balance exercises
  - Progress to weightbearing stretch of the Gastroc/Soleus
  - Begin use of the stationary bicycle

Phase III (Months 3-10)
- **Weightbearing**: Full weightbearing
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
  - Advance closed chain strengthening exercises, proprioception activities
  - Begin use of the Stairmaster/Elliptical
  - Can Start Straight Ahead Running at 3 months

Phase IV (Months 10-12)
  - Continue with strengthening (quad/hamstring) and flexibility
  - Begin cutting exercises and sport-specific drills
  - Maintenance program for strength and endurance
  - Return to sports at 10 months

Comments:

Frequency: _____ times per week                  Duration: ______ weeks

Signature: ________________________________                  Date: ______________________