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MEDICAL CENTER

Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Hamstrings Autograft

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
  - **No Hamstring Stretching Until 4 Weeks Post-Op**

☐ **Phase II (Weeks 3-12)**
- **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 Stretching, Toe Raises, Balance Exercises
  - Progress to weightbearing stretch of the Gastroc/Soleus
  - Begin use of the stationary bicycle

☐ **Phase III (Months 3-8)**
- **Weightbearing:** Full weightbearing
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
  - Begin Hamstring strengthening
  - Advance closed chain strengthening exercises, proprioception activities
  - Begin use of the Stairmaster/Elliptical
  - **Can Start Straight Ahead Running at 3 months**

☐ **Phase IV (Months 8-10)**
  - Continue with strengthening (quad/hamstring) and flexibility
  - Begin cutting exercises and sport-specific drills
  - Maintenance program for strength and endurance
  - **Return to sports at 10-12 months**

Comments:

Frequency: _____ times per week   **Duration:** _____ weeks

Signature: _____   Date: _____