



Orthopaedic Associates of Zanesville
Sports Medicine Division Physical Therapy Protocols
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Rehabilitation Guidelines for ACL Reconstruction

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

0-2 Weeks:

- WBAT, Brace locked at 0 degrees for ambulation and sleeping
- D/C crutches when gait is non-antalgic
- ROM: 0-90° with emphasis on full extension
- Patella mobilization
- SLR supine with brace locked at 0 degrees, Quad Sets, VMO adduction
- Ankle Pumps, Heel slides
- Short crank (90mm) ergometry

2-6 Weeks:

- Brace: unlocked when quad control is adequate discontinued brace when quad control is adequate (typically 4 weeks)
- ROM: 0-125 degrees (Maintain full extension)
- Active knee extension from 40 degrees
- Standard (170mm) ergometry (if knee ROM > 115 degrees)
- Leg Press (80-0 degree arc)
- Mini Squats / Weight Shifts
- Proprioception training
- Initiate Step Up program

6-14 Weeks:

- Progressive Squat program
- Initiate Step Down program
- Leg Press, Lunges
- Isotonic Knee Extensions (90-40 degrees, closed chain preferred)
- Agility exercises (sport cord)
- Versaclimber/Nordic Track
- Retrograde treadmill ambulation

14-22 weeks:

- Begin forward running (treadmill) program when 8" step down satisfactory
- Continue Strengthening & Flexibility program
- Advance Sports-Specific Agility Drills
- Start Plyometric program

>22 weeks:

- Advance Plyometric program, Return to Sport (MD Directed)
- May require Functional Sports Assessment (FSA) 5-6 months post op for clearance to return to sport