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ACL RECONSTRUCTION (REVISION)

REHABILITATION PROTOCOL

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|  | **WEIGHT BEARING** | **BRACE** | **ROM** | **EXERCISES** |
| **PHASE I**  0-2 weeks | As tolerated with brace locked and crutches | Locked during gait and sleeping  Unlocked for ROM | 0-90°  Emphasis on extension | -Ankle pumps, gastroc stretch, SLR, ROM, patellar mobilization, quad sets, short crank (90mm) ergometry without resistance, modalities |
| **PHASE II**  2-6 weeks | As tolerated with brace, crutches for balance | Locked in extension during gait until protective quad function returns.  Transition brace to allow 0-60° during gait when able to perform 10 consecutive straight leg raises without extensor lag | Maintain full extension  Progress flexion.  Goal full extension and >90° flexion by 6 weeks. | -Progress weight bearing and flexibility. Closed chain quad exercises. Mini-squats/weight shifts. Avoid open chain quad work to allow donor site healing.  -Begin floor-based core and glutes work, balance exercises, stationary bike/standard (170mm) ergometry without resistance (if knee ROM>115°). |
| **PHASE III**  6 weeks -  14 weeks | Full | Functional brace during exercise | Full | -Advance closed chain quads, progress balance, core/pelvic and stability work  -Progressive squat program, initiate step-up program, leg press/lunges, isotonic knee extensions (90-40 deg, closed chain).  -Versaclimber/Nordic Track/elliptical. Retrograde treadmill ambulation. Ok for resisted biking. |
| **PHASE IV**  14-22 weeks | Full | Functional brace during exercise | Full | -Progress flexibility/strengthening, progression of function: in-line jogging at 12 weeks (if 8” step down is satisfactory)  -Forward/backward running, initiate plyometric program and sport- specific drills @ 16 wks.  -Cutting/quick stops should be the last activity and only can be incorporated if patient demonstrates adequate neuromuscular control |
| **PHASE V**  >22 weeks | Full | Functional brace during cutting or sports up to 1 year post-op | Full | -Initiate cutting and sports-specific agility drills or work-specific activities.  -Return to play/work is individualized and should be discussed with MD |