

ACL RECONSTRUCTION (REVISION)

REHABILITATION PROTOCOL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **WEIGHT BEARING** | **BRACE** | **ROM** | **EXERCISES** |
| **PHASE I**0-2 weeks | As tolerated with brace locked and crutches | Locked during gait and sleepingUnlocked 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 extensionProgress 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  |