

Kristofer E. Chenard, M.D.
Post-Operative Rehabilitation Prescription for
ACL Reconstruction with Bone Patella Tendon Bone Autograft

Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

Phase I (Weeks 0-4)

- Weightbearing: As tolerated with crutches
- Hinged Knee Brace:
 - o Locked in full extension for ambulation and sleeping (Weeks 0-1)
 - o Unlocked for ambulation and removed while sleeping (Weeks 1-4)
- Range of Motion – AAROM AROM as tolerated
- Therapeutic Exercises
 - o Quad/Hamstring sets
 - o Heel slides
 - o Non-weightbearing stretch of the Gastroc/Soleus
 - o Straight-Leg Raise with brace in full extension until quad strength prevents extension lag

Phase II (Weeks 4-6)

- 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
 - o Closed chain extension exercises
 - o Hamstring curls
 - o Toe raises
 - o Balance exercises
 - o Progress to weightbearing stretch of the Gastroc/Soleus
 - o Begin use of the stationary bicycle

Phase III (Weeks 6-16)

- Weightbearing: Full weightbearing
- Range of Motion – Full/Painless ROM
- Therapeutic Exercises
 - o Advance closed chain strengthening exercises, proprioception activities
 - o Begin use of the Stairmaster/Elliptical
 - o Can Start Straight Ahead Running at 12 Weeks

Phase IV (Months 4-6)

- Gradual return to athletic activity as tolerated, full contact sport 6 months at physician direction
- Maintenance program for strength and endurance

Frequency: _____ times per week Duration: _____ weeks

Signature: _____ Date: _____