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Hip, Knee, Shoulder, Elbow ■ Cartilage Restoration, Joint Preservation

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Physical Therapy Protocol – ACL Reconstruction (Autograft)

Note: if patient had Meniscus Repair in conjunction with ACL Reconstruction, use Meniscus Repair Protocol

	Weight Bearing and ROM	Brace Use	Therapy*
Phase I 0-4 weeks	Weight bearing as tolerated (WBAT) with crutches. ROM: as tolerated Full symmetric extension by 2 weeks. Goal: Flexion to 120 degrees by 4-6 weeks.	0-1 week: locked in full extension for sleep and ambulation. 1-4 weeks: unlocked for ambulation, locked for sleep.	<ul style="list-style-type: none"> • Heel slides, quad and hamstring sets, patella mobilizations, non-weightbearing gastrocnemius/soleus stretch. • Prone hangs. • SLR with brace locked in full extension until patient has no extension lag with SLR, then unlock brace.
Phase II 4-6 weeks	Discontinue crutches. Maintain full extension. Advance to full flexion as tolerated.	Discontinue brace when patient has full active extension and no extension lag.	<ul style="list-style-type: none"> • Stationary bike. • Weight bearing gastrocnemius/soleus stretches. • Begin toe raises. • Closed chain extension, balancing exercises, hamstring curls.
Phase III 6 -16 weeks	Full ROM	None	<ul style="list-style-type: none"> • Advance closed chain strengthening. • Proprioceptive training. • 12 weeks: begin straight ahead running.
Phase IV 16 – 24 weeks	Full ROM	Possible custom fit ACL brace for playing.	<ul style="list-style-type: none"> • 16 weeks: begin jumping, swimming, advance strengthening exercises, leg press, start elliptical. • 20 weeks: sprinting; forward-backwards running, sports specific training, cutting. Sports metrics (plyometrics) advanced jumping and landing program. Advanced strengthening program. • 24 weeks: functional sports assessment. • 6-8 months: return to sport if approved by surgeon.

*Modalities per therapist including electrical stimulation, ultrasound, heat (before), ice (after).