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ACL Reconstruction Rehab Protocol Prescription

Patient Name: __________________________ Date: ____________

Diagnosis: ACL tear Frequency: 2-3 visits/week Duration: 6 months

ACL graft used: BTB autograft / Hamstrings autograft / Allograft

Brace Used - Yes / No

Pre-Op
• Physical Therapy 2 weeks prior to surgery, insure full ROM, increase quad/hamstring strength, normalize gait
• Schedule a doctor visit for 14 days after surgery
• Schedule a PT visit for 2 days after surgery

Week 1
• 50% PWB to WBAT with crutches
• Ankle pumps every hour
• Quad sets & SLR (brace on if used) with no lag
• Ice or Cryocuff Unit on knee for 20-30 minutes every hour
• Pillow or towel roll under heel passive knee extension exercise
• Passive ROM exercises only if done with therapist present (brace off if used): Goal: 0 to 90 degrees.

Week 2
• May WBAT with crutches. May D/C crutches when gait normalized
• Supervised PT 2-3 times a week (may need to adjust based on insurance)
• Continue SLR's, quad isometric sets, ankle pumps
• Passive knee extension with towel roll under heel
• Patellar mobilization exercises
• Continue to use crutches when out of home
- Flexion exercises seated AAROM
- Stationary bike for range of motion (short crank or high seat, no resistance)
- Hamstring and calf stretching
- Mini-squats and weight shifts
- Hip strengthening
- Isotonic leg press (0 - 90 degrees), heel raises
  Goal: 0 - 100 degrees

**Week 3**
- Continue with above exercises/ice treatments
- Perform scar massage aggressively
- AAROM (using good leg to assist) exercises (4-5x/ day)
- Emphasis full passive extension
- Progressive SLR program for quad strength - start with 1 lb, progress 1 -2 lbs per week
- Theraband standing terminal knee extension
- Single leg standing
- Half squats (0-40 degrees)
- Hamstring PREs
- Double leg balance on tilt boards
- Seated leg extension (90 to 40 degrees) against gravity with no weight
- Add ball squats
  Goal: 0 to 115 degrees, walking with no limp
- Add water exercises if desired (when all incisions are closed and sutures out)

**Week 4**
- Continue all exercises
- Continue ROM stretching and overpressure into extension
- Initiate retro treadmill with 3% incline (for quad control)
- Wall and/or ball squats
- Heel raises
- 4-6 inch front step-ups
- Regular stationary bike if Flexion > 115°
- SLR’s - in all planes with weight
  Goal: 0 to 130 degrees

**Week 5**
- Continue above exercises
- Self ROM 4-5x/day using other leg to provide ROM, emphasis on maintaining 0° passive extension
- 8 inch step ups
- 4 inch step down
- Lateral step out with therabands
- Retro treadmill progressive inclines
- Sport cord (bungee) walking
- Stairmaster machine
- Increase resistance on stationary bike

**Week 6**
• Continue above exercises
• Brisk walking
• Progress balance and board throws
• 4 inch step downs
• Swimming allowed, flutter kick only

Week 7-9
• Should have normal ROM (equal to other side)
• Bike outdoors, level surfaces only
• Start slide board
• 6-8 inch step downs

Week 10
• Begin resistance for open chain knee extension
• Plyometric leg press
• Jump down's (double stance landing)
• Progress to light running program and light sport specific drills if:
  Quad strength > 75% contralateral side
  Active ROM 0 to > 125 degrees
  Functional hop test >70% contralateral side
  Swelling < 1cm at joint line
  No pain
  Demonstrates good control on step down

Week 11-22
• If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:
  Progress to home program for running; then,
  Progress to hops, jumps, cuts and sports specific drills by week 22.
  Begin to wean from supervised therapy.

6-7 months
• Continue more advanced sports specific drills
• Criteria to return to sports (joint decision between PT and surgeon)
  Full Active ROM
  Quadriceps >90% contralateral side
  Satisfactory clinical exam
  Functional hop test > 90% contralateral side
  Completion of ACL running program

Concerns or questions:
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Physician Signature: