

Rehabilitation Protocol: Anterior Cruciate Ligament Reconstruction

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Phase I (0-4):

- Weight Bearing: As tolerated with crutches.
- Bracing:
 - 0-1 week: locked in full extension for ambulation and sleeping.
 - 1-4 weeks: Unlocked for ambulation and remove for sleeping.
- Therapeutic Exercises: Heel slides, straight leg raises with leg in brace and in full extension until quad strength prevents extension lag, Quad/hamstring sets, gastroc/soleus stretch, patellar mobs.
- Range of motion: As tolerated.
- If associated meniscal repair adhere to meniscal repair restrictions and no weight bearing past 90°. No tibial rotation for 8 weeks.

Phase II (4-12):

- Weight Bearing: Full progression to normal gait pattern.
- Bracing: Discontinue.
- Range of motion: Full extension and progressive flexion.
- Therapeutic Exercises:
 - Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks, hip/glute/core, pool.

Phase III(12-16):

- Weight Bearing: Full.
- Range of motion: Full and pain free.
- Therapeutic Exercises:

- Advanced closed chain strengthening.
- Proprioception activity progression.
- Stairmaster, elliptical, and running straight ahead.
- Functional brace fitting if prescribed.

☐ **Phase IV (16-24):**

- Weight Bearing: Full
- Range of motion: Full
- Therapeutic Exercises:
 - Progress prior phase exercises and functional activities.
 - Single leg balance, core, glutes, eccentric hamstrings.
 - 16 weeks – begin jumping.
 - 20 weeks – advance running to sprinting, backward running, pivoting and cutting, initiate plyometric program and sport specific drills.
 - 22 weeks – advance as tolerated.

Comments:

Frequency: ____ Days per week Duration: ____ Weeks