



## ACL Reconstruction

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises/Interventions</u>
<b>Weeks 0-2</b> <b>1x/ week</b> <b>HEP Daily</b>	Full Passive Extension Minimum 90° knee flexion Edema & pain control SLR without lag Patella mobility	WBAT with crutches Brace locked at 0° for ambulation Brace locked at 0° for sleeping	Passive extension Quad re-education & SLR Bilateral leg press 5-75° Hip / Core training Half-revolution ergometry Introductory proprioceptive training
<b>Weeks 2-6</b> <b>2-3/ week</b> <b>HEP Daily</b>	Full passive extension Positive Active Heel Pop test ROM 0-125° Symmetric Pain Free Gait Improve Quad Control Normalize patellar mobility Ascend 8" step	DC crutches when: <ul style="list-style-type: none"> <li>• Full passive TKE</li> <li>• Full TKE utilized in gait</li> <li>• No swelling &gt;1cm from contralateral</li> <li>• No SLR lag</li> </ul> Brace locked at 0° x4 wks for ambulation then open to 0-90 deg for weeks 5 and 6 Avoid reciprocal stairs until adequate quad control Quality movement emphasis	Emphasize full passive extension Full ergometry Closed chain knee flexion 0-90 degrees (Squat progression, leg press, lunges) OKC knee extension without resistance 90-40° Quad Isometrics at 90° when 110° knee flexion present Initiate step up program Proprioceptive training
<b>Weeks 6-16</b> <b>1-2x/week</b> <b>HEP Daily</b>	Full ROM Forward step down with control Build strength Protect patellofemoral joint	WBAT DC brace when adequate quad strength Avoid painful activities Running not to start before 12 weeks <b>(not until 18 weeks for Dr. Below)</b> , and should start after criteria are met: <ul style="list-style-type: none"> <li>• No Pain or Effusion</li> <li>• SL Leg Press 1x body weight for 8 repetitions OR SL Squats to 75 degrees for 8 repetitions</li> <li>• Isolated Quad Strength &gt;70% LSI</li> <li>• Introductory single leg landing exercises without compensation</li> <li>• IKDC score &gt; 64</li> </ul>	Progress closed chain depth & load Initiate step-down program OKC resisted knee extension 90-40°, then 90-20° at 12 weeks Advance proprioceptive training Elliptical, Stair stepping machine, Retrograde Treadmill
<b>Weeks 16-26</b> <b>1-2x/ week</b> <b>HEP Daily</b>	Symptom free running Maximize strength / flexibility Meet running & unilateral plyometric progressions	Avoid painful activities <b>Dr. Below: Running can start around 18-20 weeks with ACL Functional Brace on flat surface</b>	Initiate forward running program when 8" step-down satisfactory OKC resisted knee extension unrestricted Advance agility program Progress Unilateral plyometrics when: <ul style="list-style-type: none"> <li>• Quad Strength Symmetry &gt;80% LSI</li> <li>• SL Leg Press 1.5x body weight for 8 reps</li> <li>• SL Squat to 90 degree</li> </ul>

Progressive Sport specific drills  
Return to Sport testing if appropriate (see Return to Sport Protocol)

#### Considerations:

#### Return to Sport Timelines:

- **Level I Sports (High Risk)**
  - **Examples:** Soccer, basketball, football, rugby, lacrosse, singles tennis, volleyball, downhill skiing, hockey
  - **Typical Return-to-Sport Timeline:** No earlier than 9 months after surgery. Most athletes return between 9–12 months.
  - Non-contact practice → Full practice → Full play (~9 mo)
  - Each month delayed between 6-9 months decreases re-tear risk 50%
- **Level II Sports (Moderate Risk)**
  - **Examples:** Baseball, softball, doubles tennis
    - Baseball / Softball – Hitting should be slowed if lead leg is involved. Limit sliding.
  - **Typical Return-to-Sport Timeline:** Typically, between 6–9 months after surgery, depending on individual progress, testing and positional requirement
- **Level III Sports (Low Risk)**
  - **Examples:** Golf, swimming (freestyle and backstroke), cycling, elliptical, light hiking, straight-line jogging.
    - Golf – Power hitting / driving should be slowed if lead leg is involved.
    - Swimming – No flip turns or breaststroke kicking.
    - Cycling – No Mountain biking.
  - **Typical Return-to-Sport Timeline:** Usually between 3–6 months after surgery, depending on the specific activity.

## Physician-Specific

- Dr. Below: Use of bicycle for ROM after 3 weeks

#### Typical Schedule of follow-up visits with physician after surgery:

- Dr. Corpus follow up schedule
  - PA 2 weeks
  - MD 6 weeks, 3 months, 6 months, 9 months
- Dr. Below: 1, 6, 12, 18, 24, 30 weeks

#### Dressings:

##### **Dr. Corpus**

- Dermanet dressing can stay on until follow up as long as clean and dry.
- Able to bathe right away, just keep dressings dry.
- ACE wrap bandage stays for 2-3 days for swelling

##### **Dr. Below**

- 1 week- removed in office (shower only until then)
- TED hose x 3 weeks