

**Standard Anterior Cruciate Ligament Reconstruction Rehabilitation Protocol**

Time	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 2	<ul style="list-style-type: none"> • Protect surgical site • Reduce pain and swelling • Active ROM: 0-90 degree • Full passive extension • Active quadriceps control • Reduce muscle atrophy • Safe use of crutches with near normal gait mechanics 	<ul style="list-style-type: none"> • Brace locked full extension for ambulation and sleeping 0-1 week • Unlock ambulation 1-4 weeks • WBAT with crutches • No resisted open chain knee extensions for six weeks • No isolated hamstring strengthening for hamstring autograft surgery 	<ul style="list-style-type: none"> • ROM (as tolerated) <ul style="list-style-type: none"> ◦ PROM – AAROM - AROM ◦ Patella mobilizations • Quadriceps recruitment/NMES • Global LE/hip strengthening • Gait training with crutches • Modalities as indicated <ul style="list-style-type: none"> ◦ Cryotherapy: 5-7 times per day • Initial Visit: FOTO, LEFS, PSFS • 2 week follow up with MD
Weeks 2 – 6	<ul style="list-style-type: none"> • Full, symmetric and pain-free AROM • SLR without extensor lag • Normalized gait mechanics • DL squat with good mechanics • Progression of quadriceps strength/endurance • Increase functional activities 	<ul style="list-style-type: none"> • Open kinetic chain is limited to bodyweight leg extensions (weeks 2-6) • No resisted open kinetic chain exercises • Initiate isolated hamstring strengthening for hamstring autograft surgery (6 weeks) • No running, jumping, cutting, pivoting, or twisting • Avoid painful activities/exercises • Discontinue brace at 28 days if patient has no extension lag 	<ul style="list-style-type: none"> • AAROM - AROM • Gait training progressing from assistive device • Core stabilization exercises • Closed kinetic chain strengthening as tolerated • Global LE strengthening <ul style="list-style-type: none"> ◦ Begin functional strengthening exercises (bridge, mini-squat, step up, etc) • Double limb to single limb balance/proprioception • Aerobic training: <ul style="list-style-type: none"> ◦ Walking program when walking with normal gait mechanics ◦ Stationary bike • Optional therapies (if available/as indicated): <ul style="list-style-type: none"> ◦ BFR therapy ◦ Anti-gravity treadmill for walking gait ◦ Aquatic therapy once incision is healed and cleared by surgeon (2-4 weeks) ◦ NMES • Modalities as indicated • Week 6: FOTO, LEFS
Weeks 6 – 12	<ul style="list-style-type: none"> • Full, symmetric and pain-free ROM • Progress quadriceps strength/endurance • Increase functional activities 	<ul style="list-style-type: none"> • May initiate resisted open kinetic chain exercise <ul style="list-style-type: none"> ◦ 90-45° at 6 weeks ◦ 90-30° at 8 weeks ◦ 90-0° at 10 weeks ◦ 90-0° with progressive loading at 12 weeks • No running, jumping, cutting, pivoting, or twisting • Avoid painful activities/exercises • Avoid patellofemoral pain 	<ul style="list-style-type: none"> • End range flexion and extension • Aerobic training on stationary bike, elliptical, stair climber, UBE • Core stabilization exercises • Progressive double and single limb strengthening • Single to multi-plane exercise • Progression of balance/proprioception • Modalities as indicated • Week 12: FOTO, LEFS, PSFS, ACL-RSI • 6-8 week follow up with MD (SGYM)





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Weeks 12-16

- Full, symmetric ROM
- No effusion with increased activity
- Increase intensity and duration of functional LE strength
- Initiate return to jogging program
- Begin low level plyometric and agility training
- Avoid painful activities/exercises
- Jogging program initiated at 12 weeks if cleared by surgeon
 - No effusion
 - Full AROM
 - >80% LSI
- No jogging on painful or swollen knee
- Increase loading capacity for lower extremity strengthening exercises
- Continue balance/proprioceptive training
- Week 12: begin return to jogging program
 - If applicable, start with pool/anti-gravity treadmill
- Begin low level plyometric and agility training at 12 weeks
- Functional assessment (see attached)
- 3-4 month follow up with MD (SGYM)

Months 4-6

- Continue to progress functional strengthening
- Successful progression of the return to running program
- Initiate higher level plyometric and agility training
- No jogging on a painful or swollen knee
- Avoid painful activities/exercises
- Avoid patellofemoral pain
- No participation in sports unless specified by care team
- Progression of return to jogging program
- Gradually increase lifting loads focusing on form, control, and tissue tolerance
- Progress as tolerated:
 - Core Stability
 - Strength
 - Endurance
 - Proprioception/Balance
- Increase intensity of plyometric and agility training
- Foot speed and change of direction
- Functional assessment at 6 months (see attached)
- Month 6: FOTO, LEFS, PSFS, ACL-RSI

Months 6 – 9

- Continue to progress functional strengthening
- Sport-specific training
- No participation in sports unless specified by your care team
- Avoid painful activities
- Progress as tolerated:
 - Core Stability
 - Strength
 - Endurance
 - Proprioception/Balance
- Begin sport-specific training
- Single-to multi-task
- Reactionary drills
- Perturbation training
- Closed to open environment

Months 9+

- Pass return to play criteria (re-test at 12+ months, if necessary)
- Begin gradual return to sport
- Gradual return to full participation in sports
- Progress as tolerated:
 - Core Stability
 - Strength
 - Endurance
 - Proprioception/Balance
 - Plyometric training
 - Agility drills
 - Sport-specific activities
- Gradual return to sport progression
- Month 9: FOTO, LEFS, PSFS, ACL-RSI
- Functional assessment (see attached)
- 9+ month follow up with MD (SGYM)



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Phase	Goals	Surgery	Testing
Week 12 (SGYM)	<ul style="list-style-type: none"> • Full, symmetric ROM • Y-balance anterior reach asymmetry < 5 cm • Quadriceps strength for isometric test > 80% of uninvolved side 	<ul style="list-style-type: none"> • ACL reconstruction • ACL reconstruction with meniscus repair • ACL Allograft (12 week and 6 month recheck) • ACL revision (12 week and 6 month recheck) 	TESTING: <ul style="list-style-type: none"> • Knee assessment including assessment for effusion • Passive and active ROM • Y-balance anterior reach • Isometric knee extension at 60° and 90° • FOTO, LEFS, PSFS, ACL-RSI
Month 6 (No SGYM)	<ul style="list-style-type: none"> • Full, symmetric ROM • Y-balance anterior reach asymmetry < 3 cm • > 80% LSI for isokinetic testing • 90% LSI for functional testing • ACL-RSI > 56 	<ul style="list-style-type: none"> • ACL reconstruction • ACL reconstruction with meniscus repair • <u>ACL Allograft (9 month)</u> • <u>ACL revision (9 month)</u> 	TESTING: <ul style="list-style-type: none"> • Knee assessment including assessment for effusion • Passive and active ROM • Hop Test <ul style="list-style-type: none"> ◦ Single Hop ◦ Triple Hop • Isokinetic Test (90°, 180°/s) • Y-Balance Anterior Reach • Agility T-Test • FOTO, LEFS, PSFS, ACL-RSI
Month 9-10 (SGYM)	<ul style="list-style-type: none"> • Full, symmetric ROM • > 90% LSI for isokinetic and functional testing • Y-balance anterior reach asymmetry < 3 cm • ACL-RSI > 56 	<ul style="list-style-type: none"> • ACL reconstruction • ACL reconstruction with meniscus repair • <u>ACL Allograft (12 month)</u> • <u>ACL revision (12 month)</u> 	TESTING: <ul style="list-style-type: none"> • Knee assessment including assessment for effusion • Passive and active ROM • Hop Test <ul style="list-style-type: none"> ◦ Single Hop ◦ Triple Hop ◦ Cross-over Hop • Isokinetic Test (90°, 180°/s) • Y-Balance Anterior Reach • Agility T-Test • FOTO, LEFS, PSFS, ACL-RSI

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.
Each patient's progress may vary based on specifics to their injury and procedure.



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