



Dr. Allen ACL Reconstruction Rehabilitation Protocol

Soft Tissue Allograft

Phase I: Motion (Weeks 0-6)

Weeks 0-2

- Leave dressings in place until first PT visit (usually POD #1-3)
 - Ok to shower day after POD #3
 - Don't soak wound, pat dry and cover with fresh bandage
- Cryotherapy, effusion control, pain management
- Scheduled NSAIDs & Tylenol
- Opioids for break through pain (goal to wean by end of week 2)
- Aspirin 81mg BID for DVT prophylaxis x4 weeks
- Weight bearing as tolerated, wean from crutches within 2-3 weeks
- Brace locked in full extension when ambulating for 10-21 days
 - Can unlock brace when able to SLR without lag (good quad control)
 - Goal to wean from brace by 6 weeks
- Rest with knee in full extension (no pillows behind knee when sleeping)
- Motion goals: 0-100° PROM
- Patellar mobilizations
- Prone hangs, heel props
- Quad sets, heel slides, 4-way SLRs, calf raises, ankle pumps, leg press
- Gait training to restore normal gait

Weeks 2-4

- First post-op visit at 2 weeks, sutures will be removed at this visit



- Start to wean from crutches & brace as able
- Cryotherapy, effusion control, pain management
- Scheduled NSAIDs & Tylenol
- Finish Aspirin 81mg BID for DVT prophylaxis x4 weeks
- Motion goals: 0-120° PROM
 - Stationary bike
 - Maintain full extension, regain full flexion
- Patellar mobilizations
- Gentle stretching of hamstrings & gastroc-soleus complex
- Gait training to restore normal gait
- Strengthening
 - Prone hamstring curls, 4-way SLRs,
 - Closed chain presses
 - Mini squats, ball squats, wall slides, leg press
 - Bridge, clamshells, hip hikes

Weeks 4-6

- Wean from crutches & brace (discontinue completely by 6 weeks)
- Cryotherapy, effusion control, pain management
- Motion goals: 0-130° AROM
 - Stationary bike
- Normal gait
- Advance strengthening
- Balance: Double leg balance, static progress to dynamic, progress to single

leg

Phase II: Strengthening (Weeks 6-12) *RISK PHASE FOR RE-RUPTURE*

- Second post-op visit at 6 weeks (need full extension at this visit)
 - Goal to come to appointment with normal gait, no brace, no crutches
- Continue cryotherapy, effusion control, pain modalities as needed
- Maintain full motion
- Elliptical, stationary bike, flutter kick swimming, pool jogging, stair climber
- Walking, side steps, step overs, forward and backwards
- Closed chain strengthening
 - Leg press, squats, hip bridges, heel raises, core
- Balance: Single leg dynamic exercises

Phase III: Jogging (Weeks 12-20)

Weeks 12-16

- Third post-op visit at 12 weeks
- Begin straight line jogging
- Advance closed chain exercises
- Advance balance exercises
- Progress cardio (biking, swimming, elliptical)

Weeks 16-20

- Biodex testing at 16 weeks (goal ~70% of unaffected extremity)
- Progress running program
- Initiate low velocity agility drills
 - Skipping, side shuffle, carioca, crossovers, backwards jog



-Double leg landing/jumping mechanics

Phase IV: Agility & Landing (Weeks 20-28)

Weeks 20-24

- Advance running program
- Initiate high velocity agility drills
 - Cutting, pivoting, ladder drills,
- Single leg landing/jumping mechanics
- Sport specific drills
- Biodex testing (goal ~85% unaffected extremity)

Weeks 24-28

- Fourth post-op visit at ~24 weeks (6 months)
- Advance sport activity
 - Non-competitive drills x2 weeks
 - Competitive drills x2 weeks

Phase V: Return to sports (Weeks 28+)

- Return to full sport participation (not before 7 months)
 - Non-contact practice x2-4 weeks
 - Contact practice x2-4 weeks
 - Brace fitting for downhill skiers
- Game competitions (7-10 months post-op)

-Final follow up @ 1 year post-op