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ACL RECONSTRUCTION REHABILITATION PROTOCOL

Phase	Restrictions	Therapeutic Exercises
Phase 1: Weeks 0-2	-Sleep with the brace locked in full extension at night	-Unrestricted range of motion
	for the first 7 days	-Goal of 0-90 degrees of motion by 14 days s/p
Goals: Reduce swelling and edema, minimize pain,	-Brace locked in extension for ambulation until full	-Quad sets with NMES as indicated
retard muscle atrophy, protect the surgical repair,	extension with adequate quad control is achieved	-Heel slides, hamstring curls, stretching
range of motion restoration	-Begin crutch and brace wean after 7 days if	-Gait training
	indicated	-Edema Control
	-Patient must obtain full extension by 14 days s/p	-Pain management
		-Patellar glides in all directions
		-Quad sets, straight leg raises, hip ab/adduction
		strengthening
		-Modalities PRN
Phase 2: Weeks 3-6	-Must be able to perform a quad set and SLR without	-Restore range of motion
	extension lag	-Continue phase I treatments and exercises
Goals: Reduce swelling and edema, minimize pain,		-Initiate closed chain exercises
retard muscle atrophy, protect the surgical repair,	-Should have a minimum of 90 degrees of flexion	-Soft tissue mobilization, patellar glides
range of motion restoration	-Protect graft and graft fixation	-Quad sets, straight leg raises, hip ab/adduction
	-If necessary, wean from crutches and brace	strengthening, gluteal strengthening, core
		strengthening
	Criteria for progression:	-Modalities PRN
	-Must perform a SLR without extension lag	-Home exercise program
	-ROM 0-120	-UBE for cardio
	-No change in pain or effusion	
	-Quadriceps control (MMT 4-/5)	
Phase 3: Weeks 7-12	-Patient should have a minimum of 120 degrees of	-Progress to full passive, active, and active assisted
	knee flexion	range of motion
Goals: Full range of motion, minimal pain, increase	-Sufficient strength to begin proprioception exercises	-Progressive resistance exercises
resistance exercises, restore normal gait pattern,	-Minimal swelling/inflammation	-Initiate closed chain exercises
protect graft fixation	-No patellofemoral pain	-Toe Raises, Mini Squats to 90 degrees, PNF with
		resistance, lower extremity stretching
		-Balance exercises
		-Hamstring curls

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Phase 4: Weeks 13-24 (3-6 months)	-Functional ACL brace to be worn during high-risk recreational/sports activity	-Progress flexibility and strengthening -Elliptical begin at week 13
Goals: Proper gait mechanics, improve lower extremity strength, full range of motion, neuromuscular control	-May begin road cycling in the brace -Discourage functional and sports specific activities	-Stairstepper begin at week 16 -Eccentric strengthening -Advanced closed chain activities (leg press, single leg
	Criteria for progression: -Full, pain free ROM -No evidence of patellofemoral joint irritation	squats, step up progression) -Progress proprioceptive activities (slide board, challenging balance activities, etc.)
	-Adequate proprioceptive control -Quadriceps control (MMT 4+/5) -Patient must complete 6-month sports test prior to	-Progress aquatic program to include pool running, and swimming (NO breaststroke) -Jogging to start at week 16 (inline on flat ground, NO
	6-month recheck with surgeon	cutting, NO sprinting) -Functional walk/jog/run progression (Please refer to Dr. Lee's protocol (If you need this, please contact 970-456-2798)
Phase 5: Months 7-8	-Functional ACL brace to be work during high-risk recreational/sports activity x1 year at least	-Continue and progress previous flexibility and strengthening activities
Goals: Full pain-free range of motion, no evidence of patellofemoral joint irritation, strength and proprioception restoration, power progression	Criteria for progression: -Completion of jog/run program without pain, effusion, or swelling -No valgus collapse -No femoral adduction/IR pelvic drop or excessive trunk lean when performing single leg endurance tasks -Physician clearance to initiate functional activity progression	-Agility testing, cone drills, slalom test, etcVertical jump test, Figure-8 Hop test, Up-Down test, Single-leg squat test -Achieve maximal strength -Advanced core strengthening program with HEP: Segmental multifidus test, Trunk curl up test, Double-leg lowering test, Side bridge test, Prone bridge test, Supine single-leg bridge test, extensor endurance test -Forward and backward running progression (½, ¾, full speed) -Please refer to Dr. Lee's running progression (if you need this, please contact 970-456-2798)
		-With surgeon clearance and PT guidance: patient may begin more strenuous hiking, road biking, golf chipping and putting, rafting, paddle boarding, etc. Please inquire about the specific recreational or sports activity.

Phase 6: Months 9+	-Functional ACL brace to be work during high-risk	-Functional progression including but not limited to:
	recreational/sports activity x1 year at least	 Plyometric exercises as appropriate to patient's
Goals: Completion of appropriate functional	-Physician clearance to resume partial or full activity	Goals
progression, strength maintenance, patient		•Sport-specific drills
education	Criteria for discharge:	
	-Physician clearance	-Safe, gradual return to sports after successful
	-Hamstring strength index >90% as compared to the	completion of function progression and sports test
	contralateral limb	-Maintenance program for continued strength and
	-Quadriceps strength index >90% as compared to	endurance
	contralateral limb	
	-Y Balance anterior reach within 4cm of	-With surgeon clearance and PT guidance: Patient
	contralateral limb	may begin skiing, mountain biking, golfing, rafting,
	-No complaints of pain or instability	high-risk sports, tennis, etc. Please inquire about
	-Patient must complete 9-month sports test prior to	the specific recreational or sports activity.
	9-month recheck with surgeon.	