



Anterior Cruciate Ligament Reconstruction Protocol Dr. Chad Holien

*Meniscal Repairs and Chondral Drilling will delay the initiation of phase I & II

Time Frame	Treatment	Goals
Post-Op Day	 Dressing Change Instruction in Signs and Symptoms of Infection Check for DVT Issue HEP for quad sets, SLR, hip adduction, hip abduction, patellar mobilizations, hip extension, heel slides and cryotherapy ROM is not limited, progress pain free 	 Independent in HEP Fair Quad Set Independent with SLR Understands WB and importance of knee immobilizer until good quad function
Phase I 0-4 weeks	 Frequency = 3x/week WBAT, ROM as tolerated Progress unilateral stance Progress ambulation to normalize gait May begin jogging and light side to side plyometrics at 3 weeks post-op for autologous or allograft BTB grafts 	 Good Quad Set Full Extension ROM past 100 Normal Gait Off the Shelf brace ordered from OSC when swelling is decreased
Phase II 4-11 weeks	 Frequency = 1-2x/week ROM as tolerated Progress strengthening as tolerated Activities that can start at 8 weeks: outdoor biking, in-line/ice skating (no cutting), swimming with a flutter kick (no diving or flip turns), two legged jump rope 	 If 4 week goals have been met D/C from formal therapy Brace does not need to be worn for ambulation on level surfaces. Use on uneven surfaces.
Phase III 3-6 months	 Frequency = prn Activities: progress functional sport specific training such as large figure 8 running, side to side activity, forward/backward activities without any hard planting or cutting 	 Brace On for all more aggressive activities for the first year Return to play at MDs discretion No Biodex or KT 1000