

ACL/PLC RECONSTRUCTION REHAB PROTOCOL

	WEIGHT BEARING	BRACE	ROM	EXERCISES	Goal Progression Check List (if participating)
PHASE I 0-6 weeks	0-4 weeks : TTWB in brace * 4-6 weeks: advance to full weight bearing as tolerated *	0-4 weeks: Locked in full extension for ambulation and sleeping 4-6 weeks: Locked for ambulation, may unlock to achieved motion for sedentary positions. Continue for sleep If meniscus repair, refer to PT script*	0-2 weeks: lock in extension 2-6 weeks: Advance slowly 0-90 If meniscus repair, refer to patients PT script*	E-stim, biofeedback Quad sets, 4 way patellar mobs, gastroc/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag Side-lying hip/core (Avoid VARUS STRESS) Hamstrings avoidance until 8 wks post-op Avoid prone hangs	
PHASE II 6-8 weeks	WBAT	Open to ambulate and wean out of brace when adequate quad control and normal gait Remove for sleeping	Progress active and passive ROM as tolerated	<ul style="list-style-type: none"> • Continue phase I • Gait training • May add prone hangs if extension lacking 	Full ambulation without assistance: <ul style="list-style-type: none"> • VAS \leq 5 (worst) & IKDC \geq 30 • Knee extension PROM \geq 0° • Knee Flexion PROM \geq 110° • \geq 30 SLR without quad lag • BESS (SL-FIRM) \leq 5 MD APPROVAL
PHASE III 8-12 weeks	WBAT	Functional bracing dependent on patient activity and doctor recommendation	Progress to full	<ul style="list-style-type: none"> • Continue Phase I and II • Begin toe raises • May begin stationary bike with no resistance when motion allows • Begin closed chain exercises, mini squats (0-45), short arc quad (0-45), leg press (0-60) • Balance and proprioceptive exercises • Begin active hamstring exercises • Treadmill walking • Hip and core strengthening 	

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<p>PHASE IV 12-24 weeks</p>	<p>Full</p>	<p>Functional bracing dependent on patient activity and doctor recommendation</p>	<p>Full</p>	<ul style="list-style-type: none"> • Advance closed chain strengthening • Progress proprioception activities • Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike • Stairmaster and swimming (flutter kick) okay at 14 weeks • Jog to run progression at 4 months 	<p>Initiate Jogging Program:</p> <ul style="list-style-type: none"> • VAS ≤ 3 (Worst) & IKDC ≥ 60 • Knee extension PROM ≥ 0° or symmetry • Heel Height Difference ≤ 1 cm • Knee Flexion PROM ≥ 120° • Overhead squat (FMS) ≥ 2 • Single leg squats—Vail Test ≥ 1 minute • MD APPROVAL
<p>PHASE V > 24 weeks</p>	<p>Full</p>	<p>Functional bracing dependent on patient activity and doctor recommendation</p>	<p>Full and pain- free</p>	<ul style="list-style-type: none"> • Continue and progress strengthening program based on goals and deficits • Agility progression when criteria met: side steps, crossovers, figure 8 running, shuttle run, one and two leg jumping, cutting, acceleration deceleration sprints, agility ladders • Initiate plyometric program as appropriate for patient goals • Initiate sport specific drills as appropriate • Gradual return to sports participation • Maintenance program 	<p>Initiate Agility Training:</p> <ul style="list-style-type: none"> • VAS ≤ 2 (Worst) & IKDC ≥ 70 • Tampa Kinesiophobia Scale < 20 • Heel Height Difference ≤ 1 cm • Quad & HS symmetry ≥ 80% • Y Balance deficits < 4 cm (each direction) • Landing error scoring system ≤ 5 • MD APPROVAL <p>FULL RETURN TO SPORT:</p> <ul style="list-style-type: none"> • VAS ≤ 2 (Worst) & IKDC ≥ 80 • Tampa Kinesiophobia Scale < 20 • Heel Height Difference ≤ 1 cm • Quad & HS symmetry ≥ 90% • HS/Quad strength ration ≥ 55% • Symmetry for Hop testing ≥ 90% • Agility Tests: agility T-test, Figure of 8 Test • Complete sports metrics • MD APPROVAL