

ACL Reconstruction with Allograft Protocol

| | Weight Baring | Brace | Range of Motion | Exercises |
|---------------------------------------|--|---|-------------------------------|---|
| Phase 1 0-4 weeks | Full in brace (a) | 0-2 week: Locked in full extension for ambulation and sleeping 2-4 weeks: Unlocked for ambulation, remove for sleeping (a) | As tolerated 0-90° by 2 weeks | patellar mobilization, calf (gastrocnemius/soleus) stretch SLR w/ brace in full extension until quadriceps strength prevents extension lag Side-lying hip/core |
| Phase 2 4-12 weeks | Full, progressing to normal gait pattern | Discontinue at 4 weeks if quadriceps control is adequate (no extension lag) | Gain full and pain-free | Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks, hip/glute/core |
| Phase 3 12-16 weeks | Full with a normalized gait pattern | None | Full | Advance closed chain strengthening Progress proprioception activities Begin stair climber, elliptical at 8 weeks and running straight at 12 weeks when 8" step down is satisfactory |
| Phase 4 16 weeks – 6 months | Full | None | Full | 16 weeks: Begin jumping 20 weeks: Advance running to sprinting, backward running, cutting, pivoting, changing direction, initiate plyometric program and sport-specific drills |

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| | | | | 22 weeks: Advance as tolerated FSA completed at 22 weeks (b) |
| Phase 5 6-12 months | Full | None | Full | Gradual return to sports participation after completion of functional sports assessment (FSA) Maintenance program based on FSA |
| <p>SLR – Straight-leg raise</p> <p>(a) Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure</p> <p>(b) Completion of FSA (Functional Sports Assessment) is not mandatory, but is recommended at approximately 22 weeks post-op for competitive athletes returning to play after rehabilitation</p> | | | | |