

**ACL Reconstruction with Allograft Protocol**

	<b>Weight Baring</b>	<b>Brace</b>	<b>Range of Motion</b>	<b>Exercises</b>
<b>Phase 1</b> 0-4 weeks	Full in brace (a)	<b>0-2 week:</b> Locked in full extension for ambulation and sleeping  <b>2-4 weeks:</b> 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
<b>Phase 2</b> 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
<b>Phase 3</b> 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
<b>Phase 4</b> 16 weeks – 6 months	Full	None	Full	<b>16 weeks:</b> Begin jumping  <b>20 weeks:</b> Advance running to sprinting, backward running, cutting, pivoting, changing direction, initiate plyometric program and sport-specific drills

				<b>22 weeks:</b> Advance as tolerated FSA completed at 22 weeks (b)
<b>Phase 5</b> 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>				