



Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Hamstrings Autograft

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-4)

- **Weightbearing:** As tolerated with crutches (may be modified if concomitant meniscal repair/meniscal transplant or articular cartilage procedure is performed)
- **Hinged Knee Brace:**
 - Locked in full extension for ambulation and sleeping (**Weeks 0-1**)
 - Unlocked for ambulation and removed while sleeping (**Weeks 1-4**)
- **Range of Motion** - AAROM → AROM as tolerated
- **Therapeutic Exercises**
 - Quad/Hamstring sets and heel slides
 - Non-weightbearing stretch of the Gastroc/Soleus
 - Straight-Leg Raise with brace in full extension until quad strength prevents extension lag
 - **No Hamstring Stretching Until 4 Weeks Post-Op**

Phase II (Weeks 3-12)

- **Weightbearing:** As tolerated -- discontinue crutch use
- **Hinged Knee Brace:** Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- **Range of Motion** - Maintain full knee extension - work on progressive knee flexion
- **Therapeutic Exercises**
 - Closed chain extension exercises
 - Hamstring Stretching, Toe Raises, Balance Exercises
 - Progress to weightbearing stretch of the Gastroc/Soleus
 - Begin use of the stationary bicycle

Phase III (Months 3-8)

- **Weightbearing:** Full weightbearing
- **Range of Motion** - Full/Painless ROM
- **Therapeutic Exercises**
 - Begin Hamstring strengthening
 - Advance closed chain strengthening exercises, proprioception activities
 - Begin use of the Stairmaster/Elliptical
 - **Can Start Straight Ahead Running at 3 months**

Phase IV (Months 8-10)

- Continue with strengthening (quad/hamstring) and flexibility
- Begin cutting exercises and sport-specific drills
- Maintenance program for strength and endurance
- **Return to sports at 10-12 months**

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____



Phase IV (3-9 months)

- **Weight Bearing and Range of Motion**
 - Full
 - Pain-free
- **Brace Use**
 - None
- **Therapeutic Elements**
 - Continue above with increased resistance
 - Progress closed chain activities
 - Begin treadmill walking, swimming, and sport-specific activities

Comments:

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____

Date: _____