



Official Health Care Provider of the Louisville Cardinals

Procedure: Anterior Cruciate Ligament (ACL) Reconstruction

Description of Procedure: Reconstruction of the ACL within the knee using either autograft (from the patient) or allograft (from a done) tissue. Typically, a quadriceps tendon (QT) or bone - patellar tendon - bone (BTB) graft is utilized.

PT Frequency: 1-3 days postop, 3-4x wkl 0-3 mo, physician/therapist discretion afterwards. Home exercises daily.

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase I: 0-4 wks	Weight bearing as tolerated (WBAT) with use of two crutches. Once a straight leg raise can be performed without extension lag, <i>quickly progress</i> to one crutch in opposite arm then full weight bearing with normalized gait pattern; no limping.	Brace is worn when ambulating until independent straight leg raise can be performed without extension lag. Dressing: PT may perform dressing change as needed. Leave steri-strips in place. Ok to shower with or without dressing. No tub bathing/soaking until wound fully healed.	Goal: To achieve active range of motion as soon as tolerated. **Emphasize importance of full extension wks 0-2 and 120° flexion by week 4, otherwise MUA may be indicated.	1-4 days: Patellar mobilization, Prone hangs, heel props, heel slides, quad sets, SLR, hamstring isometrics - complete exercises in brace if quad control is inadequate; core proximal program; normalize gait; FES biofeedback as needed. 5 days-2 wks: Begin mini dips to 30°, heel raises, leg press 90° to 40° arc (begin with eccentrics and lightweight), step-ups (3" to 6"). 2-4 wks: Incorporate use of stationary bike (high seat, low resistance) and patellar mobilization exercises: Continue core proximal program, advance low impact closed chain program, leg press 120° to 30° arc; initiate proprioceptive training.
Phase II: 4-12 wks	WBAT	None	Full	4-6 wks: Initiate BFR. Continue stationary bike. 6-12 wks: Begin walk to jog program, increase endurance and strength, begin retro ambulation on treadmill; continue cardiovascular program.

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase III: 12 wks onward	WBAT	None	Full	12 wks onward: Begin sport/activity specific functional progression; return to full participation in sport once strength is 95% strength on single leg hop test or high velocity isometric test is accomplished AND patient is at least 8-9 months postop AND functional progression back to sport have been accomplished without pain or increased swelling; provide home exercise program and instruction on functional training to decrease risk of re-tear.

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 8-9 mo for RTP discussion, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.