

Professor of Orthopaedic Surgery Division of Sports Medicine Tel: (646) 501-7223

Rehabilitation Protocol: Anterior Cruciate Ligament (ACL) Reconstruction with Bone-Patellar Tendon-Bone Allograft

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-4) • Weightbearing: As tolerated with transplant or articular cartilage process. • Hinged Knee Brace: • Locked in full extension at the control of the large of Motion – AAROM → AROM →	occutches (may be modified if concomitant meniscal repair/meniscal occedure is performed) all times unless doing PT/Exercise (Weeks 0-1) and removed while sleeping as long as can do straight leg raise (Weeks 1-1) OM as tolerated of the Gastroc/Soleus ace in full extension until quad strength prevents extension lag e/pushdowns, goal to PREVENT FLEXION CONTRACTURE
Phase II (Weeks 4-6) • Weightbearing: As tolerated di • Hinged Knee Brace: Discontinue extension lag • Range of Motion - Maintain full k • Therapeutic Exercises • Closed chain extension exe • Hamstring curls • Toe raises • Balance exercises	brace use when patient has achieved full extension with no evidence of nee extension – work on progressive knee flexion rcises
Phase III (Weeks 6-16) • Weightbearing: Full weightbearin • Range of Motion – Full/Painless R • Therapeutic Exercises • Advance closed chain stren • Begin use of the Stairmaste • Can Start Straight Ahead	gthening exercises, proprioception activities
Phase IV (Months 4-6) o Continue with strengthening	ng (quad/hamstring) and flexibility



Comments:

Michael J. Alaia, MD

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- Begin cutting exercises and sport-specific drills
 Maintenance program for strength and endurance
 - Return to sports at 6 months

Frequency: times per week	Duration: weeks
Signature:	Date: