

**Ronak M. Patel, MD**  
**ACL Rehabilitation Protocol**

|                                   | <b>Goals and Benchmarks</b>   | <b>Brace/<br/>WB Status</b>   | <b>Rehabilitation Guidelines</b>   |
|-----------------------------------|---|---|--|
| <b>Phase I</b><br>Weeks 0-2       | Initial PT Visit post-op day 1-7<br>Dressing change if requested by MD<br>Good quad control; focus on full extension<br>Flexion: end wk 1 90°<br>Patellar Mobilization                  | WBAT w/ crutches (NO BRACE) unless specified by Dr. Patel (i.e. meniscal repair*) | Quad sets, Controlled wt shifts, Mini squats<br>SLRs - 4 direction hip (in brace until able to perform without lag)<br><br>Quad re-ed with Estim if needed<br><br>CKC TKEs in painfree ROM (0-30°) |
|                                   | <b>2 wks: SLR no lag; ROM 0-110°;</b><br><b>Normal gait (full TKE during stance phase)</b>  |   | Patellar mobs: medial-lateral first, followed by superior-inferior   |
| Weeks 2-6                         | Maintain full knee extension<br>Minimal swelling/jt effusion  | D/C brace if wearing by 4-6wks  | Progress CKC: Step ups, Step downs, Leg press in small arc<br><br>Introduce PROPRIO balance training protocols<br>Introduce DL and SL squatting mechanics  |
|                                   | <b>4 wks: SLB x 30 sec without error; ROM 0-130°</b>  |   | Stationary bike as ROM allows<br>Retro walking on inclined TM at 4 wks; elliptical at 5-6 wks  |
|                                   | <b>6 wks: 4" Lat step down with good control;</b><br><b>Slow TM walk, without UE x 5' and no limp</b><br><b>Full ROM: delay progression until achieved</b>                              |   | Incorporate hip/core strength; progress WB ex to unstable surfaces   |
| <b>Phase II</b><br>Weeks 6-12     | No more than trace joint effusion, 0/10 pain<br>Full ROM (equal bilateral)  | Full  | Introduce PROPRIO ACL DL, progress to SL protocols<br>Focus on proper SL eccentric hip and knee control<br>Progress functional mvmts: frontal to sagittal to transverse plane                      |
|                                   | <b>8 wks: DL squat to 90° without wt shift</b><br><b>SL squat to 45° with good hip/knee control</b>   |   | Advanced hip and core stabilization<br>Introduce PWB plyometrics, light agility (1/4 speed ladder) at 10 wks   |
|                                   | <b>10 wks: Timed 1/3 SL squat to table x 30 sec</b><br><b>Fast TM walking, without UE x 5 min symmetrically;</b><br><b>advance to straight line running</b>                             |   | Straight line running can be initiated after fast TM walking   |
|                                   | <b>12 wks: Timed 1/3 squat test x 30 sec (70% uniniv)</b><br><b>Leaping with good control; Y-test</b>   |   |  |
| <b>Phase III</b><br>Weeks 12-16** | Full ROM, 0/10 pain, No joint effusion  | Full  | Running can progress to figure of 8 and pivoting movements<br>Introduce Dynamic warm-up, S-runs, controlled movements<br>Initiate DL broad jumps, SL jumping focused on proper mechanics           |
|                                   | <b>16 wks: 8" Ant step down x 20, no UE support</b><br><b>TM run/walk 3'/1' x 5 reps (20 mins), symmetrically</b><br><b>Timed 1/3 squat test x 60 sec (70% uniniv)</b><br><b>Y-test</b> |   |  |

**\*If meniscal repair NO FLEX > 90° X 4 WKS, TTWB x 2 weeks in brace in full extension → WBAT x 4 weeks in brace locked in full extension (Total 6 weeks of brace), unless otherwise indicated**



**Advance as tolerated after 6 weeks  
(including WB in flexion)**

**\*\*Return to play: consider functional return to sport assessment at Hinsdale Orthopaedics Westmont location**