Jennifer Thomson, MD
ORTHOPAEDIC SURGERY | SPORTS MEDICINE

Rehabilitation Protocol:
Anterior Cruciate Ligament Reconstruction;
No Meniscus Repair
With or Without Lateral Extra-Articular Tenodesis

Phase I:
0-2 weeks

- Brace: Locked at 0 degrees extension for ambulation & sleeping
- ROM: 0-90 deg permitted with emphasis on full extension
- Weightbearing: partial weightbearing with crutches for support
- Exercises:
-- Patella mobilization
-- Straight leg raise supine with brace locked at 0 degrees
-- Quad sets
-- Ankle pumps
-- Short crank (90mm) ergometry

Phase II:
2-6 weeks

- Brace: Unlocked when quad control is adequate. Discontinued brace when quad control is adequate (typically 4 weeks)
- ROM: 0-125 deg permitted - maintain full extension
- Weightbearing: WBAT
- Exercises:
-- Active knee extension from 40 degrees
-- Standard (170mm) ergometry (if knee ROM >115 degrees)
-- Leg press (80-0 degree arc)
-- Mini squats/weight shifts
-- Proprioception training
-- Initiate step up program

Phase III:
6-14 weeks

- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:
-- Progressive squat program
-- Initiate step down program
-- Leg press, lunges
-- Isotonic knee extension (90-40 degrees, closed chain)
-- Agility exercises (sport cord)
-- Versaclimber/Nordic Track
-- Retrograde treadmill ambulation

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Phase IV: 14-22 weeks

- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:
-- Begin forward running (treadmill) program when 8" step down satisfactory
-- Continue strengthening & flexibility program
-- Advanced sports-specific agility drills
-- Start plyometric program

Phase V: >22 weeks

- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:
-- Advance plyometric program
-- Return to sport-- MD directed, typically 8-9 months postop depending on sport
*May require functional sports assessment prior to clearance to return to sport at ~6 months postoperatively

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