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Fellowship Trained in Sports Medicine
ACL Reconstruction with Allograft

General Guideline

- Full PROM immediately but do not force flexion
- Achieve full extension immediately
- Achieve full patellar mobility all planes
- Reestablish proper motor control patterns especially with single leg closed chain movements and single leg plyometric/agility movements. Stress proximal control at hip and distal control at subtalar joint. If subtalar joint cannot be controlled (eversion collapse) consider orthotics
- **No open chain leg extension for 6 months**
- If non-athletic patient then make adjustments to protocol (may not progress past phase II)

Phase I — Weeks 0-8

- WBAT with brace locked full extension x 1 weeks
 - **IF MENISCUS REPAIRED THEN**
 - Weeks 0-3: TDWB, Brace locked full extension (permit AROM 0-90)
 - Weeks 4-6: PWB 50%, Brace locked full extension (permit AROM 0-full)
- Normalize gait pattern by 4th week
- Re-establish ROM with heel slides, ham/calf stretching, gravity assisted stretching
- Utilize prone hangs/belt fixation to achieve up to 5 degrees of hyperextension
- Start cycling program once flexion ROM is 110 degrees or >
- Start deep water jogging program once incisions are closed
- Quad setting with biofeedback/NMES
- SLRs into flex/abd/ext (do not perform SLRs with lag at 5 degrees or >) Ankle theraband until FWB
- Core exercises at 6 weeks (planks/side planks etc.)
- At 6 weeks initiate body weight squats above 45 degrees of flexion (hip dominant squat technique with appropriate hip extension)
- At 6 weeks initiate swiss ball bridging
- At 6 weeks initiate single leg cybex press from 90-20 degrees

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Phase II — Weeks 8-12

- Must have full ROM, normal gait, plus quad control
- Add prone/standing quad stretch plus 1/2 kneeling hip flexor stretch
- Balance program (progress to flexed knee, unstable surfaces, eyes closed)
- Single leg bridges (when strength allows)
- Body weight hip thrusts with isometric holds at top
- Eccentrics with single leg cybex press (10 second eccentric contractions), continue 90-20 degrees
- At 8 weeks add hypers and reverse hypers
- At 10 weeks add RDLS with goblet position for load add progress to barbell
- At 10 weeks add multi-hip for flex/abd/ext
- Continue cycling and water jogging programs
- Continue with SLRs and progress load up to 51b ankle weight

Phase III - Weeks 12-20

- Continue with appropriate phase II exercises
- Increase squat depth to 90 degrees
- Dynamic warm-up drills (walking high kicks, walking hip flexion with holds) Start low intensity single leg closed chain exercises (small angle single leg squats, reverse step-downs from low step, split squats, single leg RDLS) Lateral monster walks with mini band above knees
- At 16 weeks progress intensity of single leg closed chain exercises (greater depth plus add load)
- At 16 weeks add lunges (forward, walking) plus add loads
- At 16 can begin running program if strength is at 80% or > of unaffected leg (test with IORM on the cybex press)
- Begin with interval jog/walk on the treadmill with cuing to normalize pattern
- Progress to treadmill jogging
- Move outdoors on track or level street (avoid hills)
- Progress core program (add WB core exercises)

Phase IV — Weeks 20 to return to sport at 6-8 months

- Initiate agility training at 20 weeks
- Initiate double leg plyometrics at 20 weeks
- Progress to single leg plyometrics at 24 weeks
- Progress to non-contact sports drills at 24 weeks
- Pass sport test and return to sport at 28-32 weeks or when released by MD
- Pressing strength at 90% or greater
- Symmetric with single leg unsupported squat
- No faulty movement patterns
- Triple hop test at 85% or greater with symmetric movement quality
- KT-1000 test within 2.5mm

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