

Jeremy Woodson, MD
Board Certified Orthopedic Surgeon

Phone: 405-230-9540 • Appointments: 405-230-9270 • Fax: 405-230-9541

www.jeremywoodsonmd.com

WOODSON ACL RECONSTRUCTION REHAB PROTOCOL

General Info:

This is a list of general guidelines for an ACL reconstruction rehab program. These guidelines may change based on fixation, condition of repaired tissue, variations in surgical procedures, age, and patient's response to treatment. Please call our office if there are any questions.

Post-Op Weeks 0-6: Phase I

- ROM: No meniscus/cartilage procedures
 - 0-1 weeks: full extension slowly progress flexion to 90°
 - 1+ weeks: maintain full extension and gradually progress to full flexion
- Weight bearing:
 - 0-2 weeks: weight bearing as tolerated
 - 2+ weeks: full weight bearing with symmetrical gait
- Brace and Crutch Use:
 - 0-1 weeks: brace locked in full extension
 - 1-2 weeks: open brace to 60°
 - 2+ weeks: brace open with good quad control and full extension. DC brace and crutches when gait is normal
- Strengthening:
 - Quad sets, straight leg raises, hip abduction
 - Balancing, pre-gait, calf raises
- Progression to Phase II requires > 0° knee extension and 90° knee flexion, > 30 straight leg raises without lag, minimal effusion, minimal pain, and symmetrical gait without a limp, and MD approval

Post-Op Weeks 6-12: Phase II

- ROM:
 - 6+ weeks: symmetrical and pain free with overpressure
- Strengthening:
 - Leg press, step-ups, and Romanian deadlifts
 - Squat progression (bodyweight squats to single leg squats)
 - Resisted hip abduction lateral band walks
 - Core exercises (planks, v-ups, single-leg bridging)
- Conditioning:
 - Stationary biking (must be beyond 110° knee flexion)
 - Elliptical and rowing machine
 - Swimming (progress kicking gradually and when pain free)
- Progression to Phase III requires pain of 3/10, within 2° of normal knee extension and 120° knee flexion, quadriceps and hamstring strength >60% of normal, less than 4 cm deficit on single-leg squat (anterior reach), at least 1 minute of single leg squats, MD approval.

WOODSON ACL RECONSTRUCTION REHAB PROTOCOL

Post-Op Weeks 12-20: Phase III

- ROM:
 - 12+ weeks: maintain symmetry and pain-free overpressure
- Strengthening:
 - Gym strengthening (squats, deadlifts, initiate Olympic lifting)
 - Core exercises (mountain climbers, planks, V-ups)
 - Biodex fatiguing protocols
- Conditioning:
 - Biking, elliptical, jogging, swimming and rowing
- Plyometrics and light agility:
 - Ladder drills, footwork agilities
 - Box jumps (double and single leg)
 - High intensity predictable agility movements
- Progression to Phase IV requires pain of 2/10, quad and ham strength > 80% of normal, >50% H/Q ration for females, at least 3 minutes of single leg squats (resisted), <5 on landing error scoring system, MD approval

Post-Op Weeks 20+: Phase IV

- Strengthening:
 - Progress gym strengthening (squats, deadlifts, and Olympic lifting)
 - Biodex fatigue protocols and core exercises
- Conditioning:
 - Jogging, biking, swimming, and interval sprint workouts
- Plyometrics (2-3 times per week):
 - Max effort box jumps (progress with rotation)
 - Lateral and rotational agility
 - Unpredictable cutting agility and contact drills

Criteria for return to play:

- 2/10 max pain
- >75/100 on ACL=RSI survey
- Quad and ham strength >90% of normal, >60% H/Q ratio for females
- 90% normal on single-leg hop tests
- 95% normal figure of 8, 5-10-5 pro-agility and S-L vertical jump
- MD approval