

Rehabilitation Protocol:

**ACL reconstruction – Revision**

	<b>Weight Bearing And ROM</b>	<b>Brace Use</b>	<b>Therapeutic Elements</b>
<b>PHASE I</b> <b>0 - 4 weeks</b>	Weight bearing as tolerated (WBAT) with crutches  ROM: Full extension by 2 wks. Advance flexion as tolerated. Goal of 0-120° by 4-6 wks.  Use 1 crutch once brace unlocked, wean off both when no limp.	<b>0 - 1 week:</b> Locked in full extension for ambulation and sleep.  <b>1 - 4 weeks:</b> Unlocked for ambulation when good quad control, locked for sleep.	Modalities as needed. Heel slides, quad and hamstring sets, patella mobilizations, gastroc / soleus stretch (NWB). Prone hangs and extension board.  SLR with brace locked in full extension until patient has no extension lag with SLR, then unlock brace. Start BFR.
<b>4 - 6 weeks</b>	Maintain full extension. Advance to full flexion as tolerated.	Brace unlocked. May remove for sleep.	Stationary bike. Weight bearing gastroc / soleus stretches, begin toe raises, closed chain extension, balancing exercises, hamstring curls.
<b>PHASE II</b> <b>6 - 12 weeks</b>	Full ROM.	Discontinue brace at 6-8 weeks.	Advance closed chain strengthening, proprioceptive training. Stationary bicycle for fitness. Continue BFR.  Start elliptical at 8-10 weeks.
<b>PHASE III</b> <b>12 – 16 weeks</b>	Full ROM.	None.	Start Alter G or pool jogging.  14 weeks: Start straight ahead running progression.  Continue to advance strengthening.
<b>PHASE IV</b> <b>4 - 8 months</b>	Full ROM.	Fitting for custom playing brace (If patient has one from previous surgery, bring in to check fit).	Increase flexibility, forward backwards running, sports specific training, cutting.  6 months: Consider plyometrics jump and landing, advanced strengthening program in brace.  Objective (LEAP) testing may be done to determine readiness. Anticipated return to sport after 8-10 months.