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ACL Reconstruction with Allograft Tendon Physical Therapy Protocol

Diagnosis: s/p Right/Left ACL Reconstruction with Allograft Tendon

Phase I - Focus on protection of the graft, decreasing edema, activating quadriceps

- Weeks 0-4
    - Weightbearing as tolerated with crutches – goal of discontinuing crutches by 2 weeks
    - Hinged knee brace: LOCKED in full extension for ambulation and sleeping
        - Only unlock when cleared by MD
    - Range of Motion (ROM): AAROM → AROM
    - Therapy exercises: Quad sets, straight leg raises (no weights, with brace on until quad strength prevents extension lag), Hamstring isometrics, heel slides, patella mobilization (scar management, especially superiorly), ankle and hip ROM
    - Modalities: Per therapist, electrical stimulation, ultrasound, ice
- Weeks 4-6
    - Weightbearing as tolerated, unassisted
    - Hinged knee brace: Discontinue at 6 weeks
        - Once quad strength prevents extension lag
    - ROM: Full extension and work on progressive flexion
    - Therapy exercises: As above + hamstring curls, toe raises, balance exercises
    - Modalities per therapist

Phase II – Improving strength and proprioception

- Weeks 6-12

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- ROM: Full motion without pain
- Therapy exercises
    - Strengthening: mini squats (bodyweight → single leg squats), hamstring curls, leg press, step ups/step downs, closed chain exercises, progress proprioception activities, wobble board, BOSU
    - At 6 weeks, may begin stationary bike (no resistance – progress as tolerated), treadmill walking (forward and retro)
    - Conditioning: Frankenstein kicks, leg swings, knee hugs, lateral lunges, elliptical at 10 weeks, if pool available begin deep water jogging in place
- Modalities per therapist as above + heat

Phase III – Strength, Agility, and Plyometrics

- Weeks 12-20
    - Therapy 1-2x per week with home program on off days
    - Therapy exercises
        - Straight ahead jogging, resisted biking, squats, dead lifts, sit to stands, mountain climbers, planks
        - Plyometrics/Agility: ladder drills, footwork agility drills, jump rope, box jumps
            - Give ample recovery time between sets
- Weeks 20 – 24
    - Therapy exercises
        - Dynamic warm up, advance to running and sprinting drills, backwards running, cutting/pivoting direction drills
        - Isokinetic exercises 180, 150, 120, 90, 60°/sec 8-10 reps each up and down spectrum

Phase IV – Gradual return to activity

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- Weeks 24+
    - Noncontact sports specific drills with PT supervision
        - Contact drill with MD approval
    - Transition to daily home program
    - Consider functional sports assessment if patient intending to participate in advanced recreational activities/sports

Phase V – Return to play progression

- A graded re-exposure is essential
    - Noncontact practice → contact practice → return to scrimmage → return to interval play → return to full time play
- Criteria for full activity
    - Quadriceps and hamstring strength at least 90% of opposite leg
    - One-leg hop test and vertical jump at least 90% of opposite leg
    - Jog, full speed run, shuttle run, figure 8 running without limp
    - Full controlled acceleration and deceleration
    - Squat and rise from full squat
    - No effusion or quadriceps atrophy