

Rehabilitation Protocol:
Anterior Cruciate Ligament Reconstruction, No Meniscus
Repair, With MCL Reconstruction

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 (50%) with crutches for support
- Exercises:
 - Patella mobilization
 - Straight leg raise supine with brace locked at 0 degrees, but avoid adduction/abduction
 - Quad sets
 - Ankle pumps
 - Short crank (90mm) ergometry

Phase II:
2-6 weeks

- Brace: continue brace to support MCL
- ROM: Brace locked while weightbearing weeks 3-4; then unlock brace 0-90 while weightbearing. While not weightbearing, 0-125 deg permitted beginning week 2 - maintain full extension
- Weightbearing: gradual progression to WBAT but in brace.
- 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 w
 - Proprioception training
 - Initiate step up program with brace

Phase III:
6-14 weeks

- Brace: transition to short hinge knee brace full time
- 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
 - Avoid side-to-side movements

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