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## **Anterior Cruciate Ligament Reconstruction Rehabilitation Protocol**

**Be sure to check in with your doctor to ensure that this exercise is safe and that you are performing the exercises correctly.**

Please be advised this handout serves as a general guideline for you as a patient to better understand the time frames associated with ACL Reconstruction rehabilitation.

Due to differences in healing, tolerance and procedures, this is just a guideline and timelines may be different between patients.

Rehabilitation is an ongoing process and requires progression with reevaluation at 4 Months, 6 Months and 1 Year Post-Operation.

It is important to recognize that your symptoms do not reflect your ability to perform activities. Always call and make sure you check in with the clinic before engaging in any physical therapy that you are unsure of.

### **Proposed schedule**

**Weeks 2 to 10:** Post-op- 2-3 times per week

**Weeks 10 to 12:** Post-op- 1-2 times per week

**Weeks 12+:** Post-op- 1 time per week / as needed

**Week 14:** Functional Testing

**Week 24:** Functional Testing

### **Post-operative Visit**

#### **Week 1 to 2:**

Evaluate and Review Home Program

Begin increasing weight bearing, wean off crutches. Use knee/leg brace until 2 weeks post-op with ambulation.



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ROM should be 0-75 degrees. SLR should be achieved.

Emphasis achieving full extension with active VMO recruitment.

Soft tissue around patella, patellar tendon, incisions, posterior musculature to improve ROM and decrease fibrosis.

**Week 2 to 4:**

ROM exercises (Heel Slides, Passive Ext/Flx Stretching, Patellar mobilizations)

Incorporate Functional, closed chain exercises (1/4, 1/2 Squats, Wall squat,

Modified Lunge, machine leg press with light weight, calf raises)

Emphasize on VMO control, core stability, avoid lateral movements.

Use stationary bike, pool workouts and upper body conditioning.

Balance and proprioception exercises.

**Hamstring Graft:** No active hamstring exercises until 2 weeks; no open chain resisted hamstring curls until 4 weeks.

**Patellar Tendon Graft:** No resisted leg extension machine at any point.

**Weeks 4 to 6:**

ROM exercises continued if 0-115 degrees is not achieved. Watch for extension lag.

Soft Tissue and Scar mobilization

Increase intensity of functional exercises (add weight or resistance with exercises, incorporate stretch cord exercises, increase intensity with aerobic machines).

Single-leg/unilateral workout (weight machine, squats, side and forward step downs, increase depth of balance exercises)

Increase Core stabilization program (foam roller, stability ball)

Extensive balance/proprioception program focusing on weak positions.

Elliptical or Stairmaster.



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**Week 6 to 8:**

Intro lateral training (Check strength and stability)

Carefully monitor exercises for signs of fatigue, loss of eccentric control, weakness, poor lateral stability with load.

Correct Squat shift.

**Week 8 to 10:**

Continue supervised care with lower ROM in squats and emphasize strengthening.

**Week 10 to 12:**

Review home program, increase intensity as indicated and monitor for guarding or compensation.

**Week 12 to 14:**

Patient can begin jogging, assuming adequate quadriceps control and no complications. Their first few sessions of running should be monitored by the clinician for proper mechanics.

**Functional Test:**

Ground Clock/Timed

Unilateral Squat (70 deg)

Lateral Shuffle / Leaping

Carioca

Two Legged Leap / Distance

Jogging

Unilateral Balance

Monitor Sport Specific Activity