

DuPage Medical Group
ACL Protocol

PHASE 1- Day 1-28

DAYS 1-7

Goals

- ROM: 1-3 days 0-90° flexion
- Weight bearing as tolerated with assistive device as needed
- Minimal swelling- use CryoCuff or cold packs a minimum of 10-15 minutes every 1-2 hours
- Good patellar mobility
- Quadriceps control to perform straight leg raise without extension lag
- Avoid open chain extension
- Demonstrate ability to lock knee with weight shifted onto affected knee
- Symmetrical gait

Exercises

- ROM: supine wall slides into flexion utilizing non-surgical leg to assist with straightening
- Supine straight leg raises
- Wall pull offs
- Standing weight shifts on fully extended knee
- Progress to single leg stance for forward and retro ambulation
- Single leg balance progression: eyes open, one eye closed, both eyes closed
- Progress to leg swings
- Progress to hip excursions with LE and UE
- Start stationary bike with NO tension and seat raised

DAYS 7-14

Goals

- If meniscal repair, FWB by Day 14
- Continue to increase ROM through functional exercises

Exercises

- Continue with previous exercises
- Being double calf raises and progress to single
- Balance: With external stimuli (UI dumbbell matrix at different heights, Bodyblade, Pyoball, etc.)
- Shuttle: with ball squeeze and progress to without ball (pressure through heel and good knee position in relation to foot)
- Wall Squats: With ball squeeze, progress to single leg squat without ball
- Single leg squats: Begin on sagittal plane (S), progress to frontal plane (F), then transverse plane (T)(watch for excessive pronatory motion and go back and fix it at the foot or the hop. Can use external stimuli to address deficit during squat).

DAYS 14-21

Goals

- Full ROM

Exercises

- Continue to progress previous exercises
- Lunges: S to F to T
- Progress with lunge walk. Progress with external stimuli.

PHASE II- WEEKS 4-8

- Be especially attentive to tissue changes between weeks 5-7 as this is the weakest time period for the graft. Adjust accordingly.

Exercises

- Continue progressing previous exercise by increasing depth, distance, speed, reps, external stimuli, etc.
- Begin Jump Matrix: progress from S to F to T to CW to CCW if R I.E is affected (reverse if L)
- Progress to Hop Matrix: S to F to T to CW to CCW if R LE is affected (reverse if L)
- Begin light jogging (ONLY IF NO MENISCAL REPAIR) on flat, dry surfaces at 6 weeks

PHASE III- Weeks 8-12

- Continue progressing above exercises
- Progress jump and hop matrix with UE dumbbell matrix
- Speed ladder progressions
- Jogging gentle 's' curves progressing to soft diagonals

PHASE IV- Month 3

- Continue progressing above exercises
- Being light jogging for meniscal repair
- Being running if absent meniscal repair
- Being fine tuning sport specific speed, agility, jumping and circuits

PHASE V- Month 4- Discharge

- Continue sport specific strengthening
- Return to sport criteria: 90-110% distance compared to other leg with single leg hop in all planes of motion or Isokinetic torque/BW ration is at 90%