

## Rehabilitation Protocol: ACL and PCL Reconstruction

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

- EARLY PHASE (Weeks 0-4)**
- **Weight Bearing and Range of Motion**
    - 0-6 weeks: toe-touch weight bearing w/ crutches
    - ROM: A/AAROM 0-90° as tolerated
  - **Brace Use:**
    - Locked in full extension at all times other than PT
  - **Therapeutic Elements:**
    - Modalities as needed
    - Patella Mob; SLR's with electric stim.; co-contractions, prone hangs
    - Estim; Cocontractions
    - **No abduction of hip or leg at any time.**
    - **No prone hangs if PCL reconstruction!!**
  - **Goals:**
    - a/aa/ROM: 0-0-90
    - Control pain/swelling
    - Quad control

### RECOVERY PHASE (Weeks 5-8)

- **Weight Bearing and Range of Motion:**
  - Discontinue crutches at week 6
- **Brace Use:**
  - At all times, open to AROM; discontinue at week 8
- **Therapeutic Elements:**
  - Continue above
  - Gentle hip abduction with no resistance below knee
  - Wall-sits 0-45
  - Mini-squats with support 0-45
  - Carpet drags (not with PCL reconstruction!!)
  - Pool therapy
  - Treadmill walking by 8 weeks
- **Goals:**
  - a/aa/ROM: 0-0-110 by 6 weeks and free by 8 weeks
  - SLR x 30
  - No effusion

**STRENGTHEN PHASE (Weeks 8-12)**

- **Weight Bearing and Range of Motion:**
  - Full
- **Therapeutic Elements:**
  - Continue above with increased resistance
  - Step-downs
  - Treadmill
  - Stretching

- Begin prone hangs and HSL (if PCL reconstruction)
- **Goals:**
  - Walk 1-2 miles at 15 min/mile pace



**REINTEGRATION PHASE (Months 3-5)**

- **Weight Bearing and Range of Motion:**
  - Full
- **Brace Use:**
  - None
  - If return to sport, fitting for custom brace by 5 months
  - **Can start jogging/running at 6 months**
- **Therapeutic Elements:**
  - Slide boards
  - Begin agility drills
  - Figure 8's
  - Gentle loops
  - Large zig-zags
  - Swimming
  - Begin plyometrics at 4 months
- **Goals:**
  - Treadmill (walk 1-2 miles at 10-12 min/mile pace)
  - Return to competitive activities

**Comments:**

**Frequency:** \_\_\_\_ times per week

**Duration:** \_\_\_\_ weeks

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_