



Physical Therapy Protocol: ACL Reconstruction with MCL or LCL Reconstruction

Phase	Notes	Exercises
I: Weeks 0-6	Toe touch WB (10-20% body weight) Brace locked in extension day and night	<ul style="list-style-type: none"> ROM: progress through full passive and active ROM Strength: quad/hamstring/glute sets, straight leg raise with knee in full extension with brace until quad strength prevents extension lag, no open chain or isokinetic exercises, utilize NMES and BFR as needed Goals: 90 degrees of flexion by week 2. Full active hyperextension, flexion, and minimal swelling by week 6
II: Weeks 6-12	Discontinue brace Progress to full weightbearing	<ul style="list-style-type: none"> ROM: full active/passive ROM Strength: Gait training/progress to full WB, d/c brace once patient able to perform SLR without lag, advance closed chain strengthening, progress proprioception activities, pt should be ready to do stair master/nordic track and running straight ahead at 12 weeks, recommend BFR and NMES as appropriate Goals: full ROM and active hyperextension by week 12 at the latest, contact practice if not on track by 8 weeks post-op
III: Weeks 12+		<ul style="list-style-type: none"> Exercises: No brace, full ROM, initiate return to running program, progress flexibility/ strengthening, progression of function: forward/ backward running, cutting, grapevine, etc., initiate plyometric program and sport-specific drills Comments: recommend BFR and NMES as appropriate, no cutting/pivoting until 6 months PO AND quad girth is equal to contralateral side

Sports Performance Center Resources

- Plyometric Prep Screen when returning to running/ jumping (around 3 months post-op)
 - Schedule via QR code or email spc@rushortho.com
- Lower Body Assessment when initiating preparing to return to sport
 - Schedule via QR code or email spc@rushortho.com

