



Physical Therapy Protocol: ACL Reconstruction + Osteotomy

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: 0-90 until 2 weeks post-op then 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/ elliptical 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: at 16 weeks can progress forward/ backward running, 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 4 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

