

Dr. Steven Pennington

Phase I, Post-Op (0-2 weeks)		
OSMS Appointments	 Medical appointment at 2 weeks with fims Physical therapy will begin as directed by your physician and as indicated on your physical therapy order 	
Rehabilitation Goals	 Toe-touch weight-bearing in locked brace at 0 degrees Post-op brace is worn for 3 weeks locked in extension while ambulating and sleeping. This will protect the graft during early incorporation as well as the donor site Reduce swelling using cryocuff 	
Precautions	Weight-bearing in locked brace with crutches	
ROM Exercises	AAROM 100 to 0 degrees	
Suggested Therapeutic Exercises	 Toe-touch weight-bear as tolerated with two crutches Heel slides, seated flexion stretch, passive prone flexion stretch, prone hangs, patellar mobilizations, ankle pumps, quad sets, flexion SLR with ankle weight Passive extension stretch (foot on bolster) Clam shells, abd SLR with ankle weight, standing terminal knee extensions into band Standing knee flexion NMES to quadriceps with quad set/SLR 	
Cardiovascular Exercises	Stationary bike	
Progression Criteria	Patient may progress to phase II after 2 weeks if they have pain well-controlled, 5-90 degrees of knee ROM with minimal joint swelling and quadriceps muscle control	

PHASE II: after Phase I criteria met, usually 2-4 weeks		
OSMS Appointments	Physical therapy appointments remain every 5-7 days	
Rehabilitation	Achieve symmetric motion	
Goals	 Minimize joint swelling with standing activities 	
Precautions	 Discontinue crutches if no quad lag with SLR, no signs of quad inhibition, and can squat hold for 60 sec with blue band 	
	 LE/hip flexibility, passive flexion stretch, hydrants 	
Suggested Therapeutic	 Flexion and abd SLR with ankle weights, NMES to quadriceps, mini squats, squat holds 	
Exercises	Heel raises, bridge holds, hamstring curls on ball with bridge-double leg	
	 Front/side plank, supermans 	
Cardiovascular Exercises	Stationary bike	
Progression	Patient may progress to phase II after 4 weeks if they have pain well-controlled	
Criteria	 Progressive quadriceps control and no increase in joint swelling with standing activities 	



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PHASE III: after Phase II criteria met, usually 4-6 weeks		
OSMS Appointments	 Medical appointment at 6 weeks Physical therapy appointments every 5-7 days, and progresses to home program 	
Rehabilitation Goals	Balance and stability	
Suggested Therapeutic Exercises	 Incline walking, LE/hip flexibility, multi-directional Wobble board, single leg balance, 8" step-ups, standing hydrant holds Single leg bridge, hamstring curl on ball with bridge – single leg Front plank with hydrant, side plank with clamshell, alternating supermans 	
Cardiovascular Exercises	Bike, Stairmaster, Aquacisor (gait training), or retrograde treadmill	
Progression Criteria	 Patient should be pain-free with minimal swelling Step-ups with good form for 10-20 repetitions, standing hydrant exercise with good form for 30 seconds with blue band 	

PHASE IV: after Phase III criteria met, usually 6-11 weeks		
Rehabilitation Goals	Non-impact strengthening: 6-day/week program	
Suggested Therapeutic Exercises	 Incline walking, LE/hip flexibility, multi-directional wobble board, single leg balance, 8" step-ups, standing hydrant holds Single leg bridge, hamstring curl on ball with bridge-single leg Front plank with hydrant, side plank with clamshell, alternating supermans 	
Cardiovascular Exercises	Bike, Stairmaster, Aquacisor (gait training), or retrograde treadmill	
Progression Criteria	 Performs 6 day/week program for at least 4 weeks with documented weight-resistance progression. Keep flow sheets for MD visits 	

PHASE V: after Phase IV criteria met, usually 12-16 weeks			
Rehabilitation	 Non-impact strengthening: 6-day/week program (3 days cardio, 3 days 		
Goals	strength)		
		Warm-up	
		o Bike	
		 LE/hip flexibility 	
	Cardio	 Standing hydrant holds 	
	Day	 Flex and abd SLR with ankle weights 	
Suggested		 Band stepping/walks 	
Therapeutic		Cardio training goal	
Exercises		o 60 min (elliptical, Stairmaster, bike)	
		Warm-up	
	Strength Day	o Bike	
		 LE/hip flexibility 	
		 Standing hydrant holds 	
		 Flex and abd SLR with ankle weights 	



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& Sports Medicine	
	 Band walks
	 Strength training (continue with previous, add)
	 Single leg squats
	 Step downs in hip dominant position
	■ Goal: 8"
	o 12-18" power step-ups
	 Single leg Romanian deadlifts (RDLs)
	 Performs 6 day/week program for at least 4 weeks with documented weight-
Progression	resistance progression.
Criteria	 Analysis is required for validation of proper form in 8" step down
	 Keep flow sheets for MD visits

PHASE VI: after Phase V criteria met, usually 16-20 weeks		
Rehabilitation	Return to jumping: 6-day/week program (3 days cardio, 3 days)	
Goals	strength/plyometrics)	
	 Warm-up Bike LE/hip flexibility Cardio Standing hydrant holds Flex and abd SLR with ankle weights Band walks Cardio training goal 60 min (elliptical, Stairmaster, bike) 	
Suggested Therapeutic Exercises	 Warm-up Bike LE/hip flexibility Standing hydrant holds Flex and abd SLR with ankle weights Strength training (continue with previous, add upper body and adv weight as tolerated) Plyometric & Jump Rope Progression Stationary jump Jump up Jump over a line – forward and lateral Drop jump (progress to 18") Jump rope exercises Hurdle jump – forward and lateral 	
Progression Criteria	 Performs 6 day/week program for at least 4 weeks with documented weight-resistance progression. Analysis is required for validation of proper form in 18" drop down 	

PHASE VII: after Phase VI criteria met, usually 20-24 weeks		
Rehabilitation Goals	 Return to running: 6-day/week program (3 days cardio, 3 days strength/plyometrics) 	
	Cardio Day	Warm-upBike



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 LE/hip flexibility Standing hydrant holds Flex and abd SLR with ankle weights Band walks Cardio training goal 60 min (elliptical, Stairmaster, bike) 	
 Flex and abd SLR with ankle weights Band walks Cardio training goal 	
 Band walks Cardio training goal 	
Cardio training goal	
o 60 min (elliptical Stairmaster bike)	
o oo mii (emptical, stammaster, orke)	
Running drills	
o Jogging 40 yards at 60-70% max	
 Slowly progressing to continuous running 	
Warm-up	
o Bike	
Suggested o LE/hip flexibility	
Therapeutic O Standing hydrant holds	
Exercises o Flex and abd SLR with ankle weights	
Strength training (continue with previous, add upper body)	y and
adv weight as tolerated)	
Strength • Plyometric & Jump Rope Progression	
Day O Jump rope exercises	
o Drop jump (progress to 18")	
o 10-yard broad jump	
 Single leg hop for distance 	
 Single leg hurdle hop – forward and lateral 	
o Bounds – forward, lateral and diagonal	
 Stationary single leg hop 	
o Single leg hop up & down	
Performs 6 day/week program for at least 4 weeks with documented was a second control of the control of th	veight-
Progression resistance progression.	Ü
Criteria • Analysis is required for validation of proper form of triple hop and	
readiness to progress onto cutting and changing direction activity	

PHASE VIII: after Phase VII criteria met, usually 24+ weeks		
Rehabilitation	• Cutting and change of direction: 6-day/week program (3 days cardio, 3 days	
Goals	stre	ength/plyometrics)
Suggested Therapeutic Exercises	Cardio Day	 Warm-up Bike LE/hip flexibility Standing hydrant holds Flex and abd SLR with ankle weights Band walks Cardio training goal 60 min (elliptical, Stairmaster, bike, jogging) Running drills Lateral shuffle Deceleration 90 degree cuts
	Strength	• Warm-up
	Day	o Bike



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	 LE/hip flexibility
	 Standing hydrant holds
	 Flex and abd SLR with ankle weights
	Strength training (continue with previous, add upper body and)
	adv weight as tolerated)
	Plyometric Progression
	o Jump rope exercises
	o Drop jump (progress to 18")
	o 10-yard broad jump
	 Single leg hop for distance, triple hop
	 Single leg hurdle hop – forward and lateral
	 Bounds – forward, lateral and diagonal
	 Stationary single leg hop
	 Single leg hop up & down
	Performs 6 day/week program for at least 4 weeks
	 Analysis is required for validation of proper form of:
Drograssion	o 18" step down
Progression Criteria	o 18" box jump
Citteria	o Triple hop
	 Lateral shuffle
	 Deceleration and cutting