

**Michael S. Bogard, DO**  
**ORTHOPAEDIC SURGEON**  
Sports Medicine Specialist

Post-Operative Rehabilitation Guidelines/Rehab Protocol  
**Anterior Cruciate Ligament Reconstruction (no meniscus repair)**

0-2 Weeks:

- WBAT, Brace locked at 0° for ambulation and sleeping
- ROM: 0-90° with emphasis on full extension
- Patella mobilization
- SLR supine with brace locked at 0 degrees, Quad Sets
- Ankle Pumps
- Short crank (90mm) ergometry

2-6 Weeks:

- Brace: unlocked when quad control is adequate
- Discontinue crutches once quadriceps control adequate
- Discontinue brace between 3 to 4 week based on quadriceps control
- ROM: 0-125 degrees (Maintain full extension)
- Active knee extension from 40°
- Standard (170mm) ergometry (if knee ROM > 115 degrees)
- Leg Press (80-0° arc)
- Mini Squats / Weight Shifts
- Proprioception training
- Initiate Step-Up program

6-14 Weeks:

- Progressive Squat program
- Initiate Step-Down program
- Leg Press, Lunges
- Isotonic Knee Extensions (90-40°, closed chain preferred)
- Agility exercises (sport cord)
- Versaclimber/Nordic Track
- Retrograde treadmill ambulation

14-22 weeks:

- Begin forward running (treadmill) program when 8" step down satisfactory
- Continue Strengthening & Flexibility program
- Advance Sports-Specific Agility Drills
- Start Plyometric program

>22 weeks:

- Advance Plyometric program, Return to Sport (MD Directed)
- May require Functional Sports Assessment (FSA) around 6 months post op for clearance to return to sport