

Christopher M. Brusalis, MD
Phone: (516)-743-3036
Fax: (516)-743-3576
Email: DrBrusalisOffice@hss.edu
Website: www.BrusalisMD.com



Physical Therapy following ACL Reconstruction

The following is a basic framework from which to work during rehabilitation following Anterior Cruciate Ligament (ACL) Reconstruction. Physical therapists may employ specific exercises at their discretion within these guidelines. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

Post-op - 2 wks:

- WBAT, Brace locked at 0 degrees for ambulation and sleeping
- D/C crutches when gait is non-antalgic
- 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 brace when quad control is adequate (typically 4 weeks)
- ROM: 0-125 degrees (Maintain full extension)
- Active knee extension from 40 degrees
- Standard (170mm) ergometry (if knee ROM > 115 degrees)
- Leg Press (80-0 degree 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 degrees, closed chain preferred)
- Agility exercises (sport cord)
- Versaclimber/Nordic Track
- Retrograde treadmill ambulation

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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)