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Non-Operative ACL Protocol

PHASE I, (Acute Phase)

Goals:	Control pain and swelling
	Restore pain free ROM
	Improve flexibility
	Normalize gait mechanics
	Establish good quadriceps activation
Precautions:	WBAT with crutches until demonstrates normal gait mechanics
	Alert physician is patient reports episodes of knee buckling
Recommended	Range of Motion
Exercises:	o Patella mobilization (medial/lateral, superior/inferior) 2 sets of 20 repetitions
	o Belt stretch (calf/hamstring) Hold 30 seconds 3-5 repetitions
	 Heel slides 2 sets of 20 repetitions
	 Prone quad stretch hold 30 seconds 3-5 repetitions
	 Cycle (minimal resistance) 10-15 minutes daily
	 Quad sets 2-3 sets of 20 repetitions
	Strength
	 Add sets 2-3 sets of 20 repetitions
	 SLR *(no Lag)* 2-3 sets of 10-20 repetitions
	 Hip Abd/Add/Ext/ER (against gravity) 2-3 sets of 10-20 repetitions
	 Body weight squats (partial range) 2-3 sets of 10-20 repetitions
	o Standing TKE with Theraband/cable column 2-3 sets of 10-20
	 Standing or prone hamstring curls 2-3 sets of 10-20 repetitions Heel raises 2-3 sets of 10-20 repetitions
Guidelines:	Swelling and ROM deficits must be resolved before progressing to next phase. Use exercise bike daily if possible for 10-15 minutes. Perform ROM exercises 3-5 times a day. Perform strengthening exercises 1 time a day.

PHASE II, (Sub-Acute/Strengthening Phase)

Goals:	Avoid patellofemoral pain
	Maintain ROM and flexibility
	Restore muscle strength
	Improve neuromuscular control
Precautions:	D/C crutches if have not already
	Alert physician if patient reports episodes of knee buckling



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Recommended	Range of Motion
Exercises:	 Continue ROM and initiate LE flexibility exercises
	 Cycle/elliptical 10-15 minutes
	 Continue open chain hip and knee strength from phase 1 progress with ankle weights
	• Strengthening
	 Hamstring strengthening (progress from standing curl, leg curl machine, to curl on pball, single leg dead lift) 2-3 sets of 15- 20 repetitions
	 Leg press (progress from double-limb to single limb) 2-3 sets of 15-20 repetitions
	 Step-up progressions (forward and lateral) 2-3 sets of 15-20 repetitions
	 BOSU, *sport specific if applicable
	o Plank, side plank, single-limb bridge 2 sets of 30 seconds each
	(15 seconds each leg with bridge)
	 Proprioception
	 Static single-limb balance 3 sets of 30-60 seconds (progress
	eyes open to eyes closed with stance on foam pad)
Guidelines	• Perform all ROM and flexibility exercises once a day. If possible, cycle
	daily. Perform strengthening exercises 3-5 times a week (frequency and volume programmed by PT)

PHASE III, (Limited Return to Activity Phase)

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Goals:	Avoid patella femoral pain
	Maintain ROM and flexibility
	 Progress with single leg strengthening to maximize strength
	 Progress dynamic proprioception exercises to maximize neuromuscular control
	Initiate plyometrics and light jogging
	Gradually begin return to sport activities pending physician's clearance
Precautions:	Must avoid patella femoral stress
	Caution pivoting and lateral movements
	 Alert physician if patient reports episodes of knee buckling
Recommended	Range of Motion and Flexibility
Exercises:	 Continue ROM and flexibility exercises as needed
	• Cardio
	 Cycle/elliptical/treadmill with progressive resistance
	Strengthening
	 Continue progressing Phase 2 strengthening exercises
	 Step-up progressions (increase height of step) 2-3 sets of 15-
	20 repetitions Single-limb dead lift 2-3 sets of 15-20 repetitions
	 Single-limb dead lift 2-3 sets of 15-20 repetitions



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	 Static lung progressions (forward/backward/lateral) 2 sets of 50 feet Proprioception Single-limb balance with perturbations 3 sets of 30-60 seconds (progress eyes open to eyes closed, foam, BOSU,
	*sport specific if applicable)
	Plyometrics
	 Emphasize eccentric control, avoiding increased trunk flexion,
	dynamic genu valgum, and femoral internal rotation, must
	have appropriate strength to progress to plyometric program.
	Simple double-limb jumps
	Complex double-limb jumps
Guidelines:	 Perform stretching program daily. Cardio exercise is recommended 3-5 times a week for 20-30 minutes. Perform strengthening/proprioception exercises 3 times a week. Perform plyometric/jumping exercises 2 times a week. Monitor increased swelling with plyometrics. Decrease intensity if swelling persists. Strict attention must be paid to form and to minimize patella femoral pain with exercises.

PHASE IV, (Return to Activity/Sport Phase)

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Goals:	 Maintain adequate ROM, flexibility and strength
	 Continue progressive/dynamic strengthening, proprioceptive,
	plyometric and agility training
	 Achieve adequate strength to return to sport (pending physician's
1	clearance)
Precautions:	Limited and controlled lateral movements
	 Gradual return to sport pending physician's clearance
	Work with physician and physical therapist to develop specific return
	to sport progression
Recommended	Stretching
Exercises:	 Continue daily lower extremity stretching
	• Cardio
	 Continue cardio program and progress intensity and duration
	Strengthening
	 Continue strengthening program from phase 3 (increase load and decrease repetition)
	 Progress from static to dynamic lunges
	Proprioception
	Continue advanced proprioceptive training (increase difficulty of drills)
	• Plyometrics
ı	 Emphasize eccentric control, avoiding increased trunk flexion, dynamic genu valgum and femoral internal rotation



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	 Single-limb jumps Combination double-limb jumps Combination single-limb jumps Sport Specific Drills Initiate sports specific drills Begin speed/agility program
Guidelines:	 Perform stretching program daily. Cardio program is recommended 3-5 times a week for 20-40 minutes. Perform strengthening/proprioception exercises 3 times a week. Perform plyometric/jumping/agility exercises 2 times a week. Perform return to sport activities as directed.