

**Dr. John Drawbert**

**ACL Rehab Protocol**

Patient\_\_\_\_\_

Chippewa Valley Orthopedics & Sports Medicine  
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D.O.S.\_\_\_\_\_

|  | WEEK 1   | WEEK 2  | WEEK 3                           | WEEK 4                            | WEEK 5             | WEEK 6               | WEEK 7 | WEEK 8    |
|--|--|---|----------------------------------|-----------------------------------|--------------------|----------------------|--------|-----------|
|  | Begins DOS   |   |                                  |                                   |                    |                      |        |           |
| <b>WEIGHT BEARING</b>  | 5%   | 25%   | 50%                              | 75%                               | 100%<br>2 crutches | 100%<br>d/c crutches |        |           |
| <b>BRACE SETTINGS</b>  | 10/10  | 10/10   | 20/90                            | 10/90                             | 0/100              | 0/110                | 0/120  | D/C brace |
| <b>PROM Goals</b>  | 0-90<br>with brace   | 0-100<br>without brace  | 0-120                            | 0-130                             | 0-140              | FULL                 | FULL   | FULL      |
| <b>AROM Goals</b>  | NONE   | 30-90   | 20-110                           | 10-FULL                           | 10-FULL            | FULL                 | FULL   | FULL      |
| <b>PT visits/wk</b>  | NONE   | 2-3   | 2-3                              | 2-3                               | 2-3                | 2-3                  | 2-3    | 2-3       |
| <b>SHOWER</b>  | NO   | WITH BRACE  | W/O BRACE                        |                                   | Sleep w/o<br>brace |                      |        |           |
| <b>EXERCISES</b>   | QUAD SETS  | QUAD SETS<br>with EMG or<br>NMES  | QUAD SETS<br>with EMG or<br>NMES |                                   |                    |                      |        |           |
| Any Questions?   | SLR's w/brace  | SLR's w/brace   | SLR's no brace                   | SLR's with progressive resistance |                    |                      |        |           |
| Please contact:<br>Northwoods<br>Therapy<br>Associates<br><br>Altoona, WI<br>(715)839-9266<br><br>Chippewa Falls,<br>WI<br>(715)723-5060<br><br>April 2015 | <b>NOTE:</b><br><br>*PT visits/wk may vary<br>*Individual ex progression may vary<br>*Follow MD instructions<br>*Avoid deep squats and kneeling for 4-6 months | Patellar Mobs   |                                  |                                   |                    |                      |        |           |
|  |  | Multi-hip isotonic-sidelying and prone, progress to standing, machines.                   |                                  |                                   |                    |                      |        |           |
|  |  | Ham Curls A or A/Assist progress to isotonic/2 legs                                       |                                  |                                   |                    |                      |        |           |
|  |  | BAPS  |                                  |                                   |                    |                      |        |           |
|  |  | Bike outdoors-no hills  |                                  |                                   |                    |                      |        |           |
|  |  | Total Gym-partial squats per WB & ROM guidelines  |                                  |                                   |                    |                      |        |           |
|  |  | Hamstring stretch, initiate other flexibility exercises as needed.                        |                                  |                                   |                    |                      |        |           |
|  |  | Closed Kinetic Chain Ex per WB & ROM guidelines, TKE, overball, tubing, mini-squats(0-30) |                                  |                                   |                    |                      |        |           |
|  |  | Heel raises   |                                  |                                   |                    |                      |        |           |
|  |  | Leg Press (double leg progress to single leg)   |                                  |                                   |                    |                      |        |           |
|  |  | Treadmill Walking   |                                  |                                   |                    |                      |        |           |
|  |  | Dynamic Balance Exercise  |                                  |                                   |                    |                      |        |           |
|  |  | Elliptical  |                                  |                                   |                    |                      |        |           |
|  |  | Resisted Ambulation   |                                  |                                   |                    |                      |        |           |
|  |  | Stairmaster Swimming  |                                  |                                   |                    |                      |        |           |
| Light agility at walking speed   |  |   |                                  |                                   |                    |                      |        |           |
| Large Condylar Defect (microfracture): follow protocol EXCEPT non WB through week 6, then 50% week 7, 75% week 8, 100% WB by 9-10.                         |  |   |                                  |                                   |                    |                      |        |           |

**\*\*After 8 weeks, please refer to the advanced ACL rehab protocol. \*\***