Rehabilitation Protocol:

anterior cruciate ligament reconstruction and

medial collateral ligament reconstruction

**⁮ Phase 1 (Weeks 0-4)**

* Weight bearing: Toe touch weight bearing with crutches in full extension
* Hinged knee brace
	+ Locked in full extension for ambulation and sleeping (weeks 0-1)
	+ Unlocked for ambulation and removed while sleeping (weeks 1-4)
* Range of motion: Active assisted range of motion (AAROM) → Active range of motion (AROM) as tolerated
* Therapeutic exercises
	+ Quad and hamstring sets and heel slides
	+ Non weighbearing stretch of the gastrocnemius and soleus
	+ Straight leg raise with brace in full extension until quad strength prevents extension lag

**⁮ Phase 2 (Weeks 4-6)**

* Weight bearing: As tolerated, discontinue crutch use
* Hinged knee brace: Discontinue brace use when patient has achieved full extension with no evidence of extension lag
* Range of motion: Maintain full extension, work on progressive knee flexion
* Therapeutic exercises
	+ Closed chain extension exercises
	+ Hamstring curls, toe raises, balance exercises
	+ Progress to weightbearing stretch of the gastroc and soleus
	+ Begin use of stationary bicycle

**⁮ Phase 3 (Weeks 6-16)**

* Weight bearing: Full
* Range of motion: Full and painless
* Therapeutic exercises
	+ Begin hamstring strengthening
	+ Advance closed chain strengthening exercises, proprioception activities
	+ Begin use of stairmaster/ elliptical
	+ Can start ahead running at 12 weeks

**⁮ Phase 4 (Months 4-6)**

* Continue with strengthening (quad/hamstring) and flexibility
* Range of motion: Full and painless
* Therapeutic exercises
	+ Begin hamstring strengthening
	+ Begin cutting exercises and sport-specific drills
	+ Maintenance program for strength and endurance
	+ Return to sports at 6 months