Baylor Scott & White
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Anterior Cruciate Ligament (ACL) Reconstruction

REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	BRACE / WEIGHT BEARING	THERAPEUTIC EXERCISE
Phase I **0–2 weeks** GOAL TO ADVANCE *Full extension; straight-leg raise without lag*	Full extension (heel prop, prone hang); flexion as tolerated; kneecap mobilization	Weight bearing as tolerated, brace locked straight, crutches. Unlock brace when leg raise has no lag	Quad sets with e-stim, straight-leg raises, isometrics at 90°/60°, calf raises, hip abduction
Phase II **3–5 weeks** GOAL TO ADVANCE *Flexion within 10° of other side; minimal swelling*	Flexion to within 10° of other knee; stationary bike	Wean crutches with normal gait; discontinue brace at about 6 weeks	Hamstring curls, step-ups, mini-squats 0-60°, leg press, bridges, single-leg balance
Phase III **6–8 weeks** GOAL TO ADVANCE *No swelling; normal gait*	Full, equal to other side	None	Squat to chair, side lunges, Romanian deadlift, single-leg work, seated knee extension 90-45°; elliptical/swim at 8 weeks
Phase IV **9–12 weeks** GOAL TO ADVANCE *Strength ≥80% of other side*	Full	None	Straight-ahead sport drills at partial effort; double-leg jumping progression
Phase V **3–5 months** GOAL TO ADVANCE *Strength and hop tests ≥90%*	Full	Functional brace if prescribed	Return-to-run program, agility and plyometric progression
Phase VI **6–12 months** GOAL TO ADVANCE *Strength/hop ≥95%; readiness testing*	Full without discomfort	—	Cutting and pivoting at about 7-9 months; non-contact → full practice → games at about 9-12 months

This protocol is a guideline. Your surgeon may adjust it based on your surgery and progress.
Call the office for fever, wound drainage, calf pain or swelling, or new numbness or tingling.

Questions: 469.800.7200
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