

# **Revision Anterior Cruciate Ligament (ACL) Reconstruction** **– Bone Grafting** **Physical Therapy Protocol**

**David P. Trofa, M.D.**

Assistant Professor of Orthopaedic Surgery, Columbia University Medical Center

Chief of Sports Medicine, New York-Presbyterian Westchester

Director of Clinical Outcomes, Department of Orthopaedic Surgery

Head Team Physician, Columbia University

[www.DavidTrofaMD.com](http://www.DavidTrofaMD.com)

**Patient Name:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**Procedure:** Right / Left ACL Tunnel Bone Grafting

**Associated Procedure (checked if performed):**

- Partial Meniscectomy
- Meniscus Repair
  - Please amend the below protocol with the following restrictions:
    - Weightbearing:
      - 0-4 weeks: TTWB with crutches
      - 4-6 weeks: WBAT
    - Brace use for 6 weeks, locked in extension during ambulation and sleeping. Unlocked or removed for PT and ROM exercises
    - ROM: 0-90° for 4 weeks, full flexion by 6 weeks
    - No tibial rotation x4 weeks

**Frequency:** 2x per week for \_\_\_\_\_ weeks

**Phase I (1-2weeks): *Period of protection***

- **Weightbearing:** As tolerated. Discontinue crutches within 2-3 days.
- **Brace:** Short hinge knee brace for support. Discontinued as tolerated.
- **ROM:** Progress through passive, active assistive and active ROM as tolerated.
  - Goal: Full extension within 1-2 weeks, full flexion by 4-6 weeks.
- **Therapeutic exercises:**
  - Patellar mobilization 5-10 minutes daily
  - Quad sets
  - Straight leg raises
  - Leg lifts standing with brace on for balance and hip strength
  - Passive leg hangs to 90°
  - No restrictions to ankle/hip strengthening.

**Phase II (>2 weeks): *Initiate Controlled Strengthening***

- **Weightbearing:** As tolerated.
- **ROM:** Continue with daily ROM exercises. Aggressive end-range stretching as tolerated.
- **Therapeutic exercises:**
  - As above plus:
  - Begin and advance closed chain strengthening to full motion arc.
  - Add pulley weights, theraband, and other modalities as per PT discretion.
  - Advance to wall sits, lunges, balance ball, leg curls, and leg press
  - Continue stationary bike and biking outdoors for ROM, strengthening, and cardio.
  - Monitor for anterior knee symptoms, modulating exercises as necessary.
- **Restrictions:** No jumping, running, or pivoting activities.