



## ACL AUTOGRAFT WITH FEMORAL MICROFRACTURE PROTOCOL

Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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

Frequency: 1 2 3 4 times / week      Duration: 1 2 3 4 5 6 Weeks

\_\_\_\_ Weeks 0-2:

- Strict toe touch weight bearing with crutches
- CPM machine 6-8 hours per day WITHOUT BRACE; start 30-50 degrees and advance 5 degrees per direction per day as tolerated up to 0-90 degrees
- Brace locked at full extension while ambulating and sleeping; may set 0-90 when sitting
- Quad sets, patellar mobs, ankle pumps

\_\_\_\_ Weeks 2-6:

- Strict toe touch weight bearing with crutches as before
- May discontinue brace when patient comfortable and swelling has subsided
- CPM machine as above (6-8h/day) but increase up to max flex/extension as tolerated
- Focus on regaining full extension; goal ROM 0-125 degrees in PROM/AAROM

\_\_\_\_ Weeks 6-8:

- Advance to full WBAT over 1-2 weeks and d/c crutches when gait normalizes
- Begin AROM without restriction; straight leg raises, closed chain quad exercises
- Normalize gait pattern; bike exercises

\_\_\_\_ Weeks 8-12

- Mini-squats, weight shifts, initiate step up/down program
- Advance closed chain strengthening, weight bearing gastroc/soleus stretch
- Proprioceptive training, progressive squat program
- Leg press and lunges (start initially with body weight only)

\_\_\_\_ Months 3-4:

- Begin forward running in straight line (no cutting/pivoting) when 8" stepdown adequate
- Progress strengthening and flexibility exercises

\_\_\_\_ Months 4-6:

- Start plyometric exercises; start sports specific agility program

Signature \_\_\_\_\_

Date: \_\_\_\_\_