EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

ACL Reconstruction - Allograft

Criterion-based knee rehabilitation with a deliberately slower allograft progression

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Use for isolated ACL allograft reconstruction. If a meniscus repair, cartilage procedure, or another ligament procedure was also performed, follow the most restrictive instructions.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-2 weeks	Brace locked for walking; 2 crutches; partial weight bearing	Full extension first; gradually work toward 90 degrees flexion
2-6 weeks	Continue brace/crutches and partial weight bearing unless cleared	Progress ROM and closed-chain control without reactive swelling
6 weeks-6 months	Wean brace/crutches only with good quad control and normal gait	Progress strength, balance, then running when objective criteria are met
9-12+ months	No cutting/pivoting sport without clearance	Return only after strength, hop, movement, and confidence testing

PHASE-BY-PHASE PLAN

Phase 1 | Protection and motion (0-2 weeks)

- **Priorities:** Protect the graft; reduce pain and swelling; restore full knee extension; regain quadriceps control.
- **Protection:** Partial weight bearing with 2 crutches. Keep the brace locked in extension for walking until a straight-leg raise is performed without lag.

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- **Protection:** Do not pivot on the surgical leg. Keep the knee straight and elevated; do not rest with a pillow directly under the knee.
- **Therapy focus:** Ankle pumps, patellar mobility, quad sets, heel slides, assisted knee flexion, gentle calf/hamstring flexibility, and straight-leg raises in the locked brace.
- **Therapy focus:** Target: full extension and flexion approaching 90 degrees without increasing effusion.

Phase 2 | Controlled loading (2-6 weeks)

- **Priorities:** Maintain full extension; improve flexion, gait mechanics, and closed-chain strength.
- **Protection:** Continue partial weight bearing with crutches for 6 weeks unless Dr. Edwards directs otherwise. If a meniscus repair was performed, follow its motion/loading limits and avoid resisted hamstring work for 6 weeks.
- **Therapy focus:** Stationary bike when motion allows, protected-range mini-squats/wall slides and leg press, hip/core work, calf raises, and balance. Do not exercise through swelling, a limp, or loss of extension.

Phase 3 | Strength and running preparation (6 weeks-6 months)

- **Priorities:** Normalize gait; restore full ROM; build quadriceps, hamstring, hip, endurance, and single-leg control.
- **Protection:** Wean the brace/crutches only with full extension, a lag-free straight-leg raise, and a non-antalgic gait. Running is criterion-based and generally no earlier than 3-5 months.
- **Therapy focus:** Progress squats, step work, split squats, leg press, hamstring strength, proprioception, bike/elliptical, then walk-jog. Before running: no effusion/pain, full ROM, controlled single-leg squat, and at least 80% strength symmetry.

Phase 4 | Return to sport (6-12+ months)

- **Priorities:** Restore power, multidirectional control, sport-specific endurance, and psychological readiness.
- **Protection:** No unrestricted cutting, pivoting, contact, or jumping sport before 9 months and without surgeon clearance.
- **Therapy focus:** Progress running, plyometrics, agility, cutting, and sport drills from predictable to reactive. Return requires full pain-free ROM, no effusion, stable exam, at least 90% strength/hop symmetry, sound landing mechanics, and a graded return plan.