

Non-Operative ACL Injury Guideline

Time	Goals	Precautions/Restrictions	Treatment
Weeks 0 - 2	<ul style="list-style-type: none"> • Reduce pain and swelling • Full passive extension • Maintain patellar mobility • Excellent quad control • Perform SLR with no extensor lag 	<ul style="list-style-type: none"> • Brace locked in extension with WB • No open chain knee extensions • Avoid activities that result in continued locking or giving way of knee • WBAT with crutches <p style="text-align: center;"><i>**Defer to physician for specific WB instructions**</i></p>	<ul style="list-style-type: none"> • ROM (as tolerated) <ul style="list-style-type: none"> ◦ Extension focus • Effusion management • Quadriceps recruitment/NMES • Patellar mobilization • Gait training with crutches • Initiate BFR; if applicable
Weeks 3 - 5	<ul style="list-style-type: none"> • Full and pain-free ROM • Progression of quadriceps strength/endurance • Normalized gait mechanics • Attain 80% limb symmetry in knee extensors • No episodes of instability 	<ul style="list-style-type: none"> • No open kinetic chain exercises • No running, jumping, cutting, pivoting, or twisting • Avoid painful activities/exercises 	<ul style="list-style-type: none"> • Progress ROM as tolerated • Gait training progressing from assistive device and brace • Closed kinetic chain strengthening as tolerated • Core stabilization exercises • Optional therapies: anti-gravity treadmill
Weeks 6 - 8	<ul style="list-style-type: none"> • Full, symmetric ROM • Progressive resistance training • Increase functional activities • Pass return to run criteria • No effusion with increased activity 	<ul style="list-style-type: none"> • Avoid painful activities/exercises • Avoid activities causing instability 	<ul style="list-style-type: none"> • Progressive double and single limb strengthening • End range flexion and extension • Aerobic training on stationary bike, elliptical, stair climber, UBE • Progression of balance/proprioception • Consider low intensity agility drills
Weeks 8 - 12	<ul style="list-style-type: none"> • Full, symmetric ROM • Progress sport specific training • Successful return to run program • Pass return to sport criteria <ul style="list-style-type: none"> ◦ Strength > 90% LSI ◦ Hop tests > 90% LSI 	<ul style="list-style-type: none"> • Avoid painful activities/exercises • No jogging on painful or swollen knee • Full clearance from physician 	<ul style="list-style-type: none"> • Progress hypertrophy and strength training • Progress change of direction and sport-specific drills • Gradual RTS progression if criteria passed • Implement ARC program

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.