

ACL Reconstruction Allograft Revision

Name: _____

Dr: Jonathan Frank, M.D.

Date: _____

● = Do exercise for that week

Week

ROM RESTRICTIONS

Full passive motion

BRACE SETTINGS

None

Weight Bearing status

Weightbearing as tolerated

TIME LINES

Week 1(1-7POD)
Week 2(8-14POD)
Week 3(15-21POD)
Week 4(22-28POD)

Initial Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Flexion/Extension - wall slides	●	●	●	●	●	●	●	●						
Flexion/Extension – seated	●	●	●	●	●	●	●	●						
Patella/Tendon mobilization	●	●	●	●	●	●	●	●						
Extension mobilization	●	●	●	●	●	●	●	●						
Quad series	●	●	●	●	●	●	●	●						
Hamstring	●	●	●	●	●	●	●	●						
Sit and reach for hamstrings - gentle	●	●	●	●	●	●	●	●						
Ankle pumps	●	●	●	●	●	●	●	●	●					
Toe and heel raises			●	●	●	●	●	●						
Balance series			●	●	●	●	●	●	●	●	●	●	●	●
Cardiovascular Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Bike/Rowing with well leg	●	●	●	●	●	●	●	●						
Bike with both legs – no resistance		●	●	●	●	●	●	●	●					
Bike with both legs - resistance							●	●	●	●	●	●	●	●
Aquajogging								●	●	●	●	●	●	●
Treadmill – walking 7% incline									●	●	●	●	●	●
Swimming with fins									●	●	●	●	●	●
Elliptical trainer											●	●	●	●
Rowing											●	●	●	●
Stair stepper												●	●	●
Weight Bearing Strength	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Double knee bends							●	●	●	●	●	●	●	
Double leg bridges							●	●	●	●				
Reverse lunge – static hold							●	●	●	●				
Beginning cord exercises							●	●	●	●	●			
Balance squats											●	●	●	●
Single leg deadlift											●	●	●	●
Leg press											●	●	●	●
Sports Test exercises												●	●	●
Agility Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Running progression												●	●	●
Initial – single plane												●	●	●
Advance – multi directional													●	●
Functional sports test														●
High Level Activities	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Golf													●	●
Outdoor biking, hiking, snowshoeing													●	●
Skiing, basketball, tennis, football, soccer														●

Therapist Name: _____