

**Grant H Garcia, MD**  
 2409 North 45<sup>th</sup> Street,  
 Seattle, WA 98103  
 Wallingford: 206-633-8100  
 Ballard: 206-784-8833



**REVISION ACL RECONSTRUCTION  
 WITH CONTRALATERAL PATELLAR TENDON  
 AUTOGRAFT REHABILITATION PROTOCOL**

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-4 weeks	Full in Brace	<b>0-2 week:</b> Locked in full extension for ambulation on harvest side knee; recipient knee immobilizer only 0-2 wks at night*  <b>2-4 weeks:</b> Unlocked for ambulation and worn on harvest knee only -remove for sleeping**	As tolerated	Heel slides, quad/hamstring sets, patellar mobs, gastroc/soleus stretch  SLR w/ brace in full extension until quad strength prevents extension lag  Side-lying hip/core
<b>PHASE II</b> 4-12 weeks	Full	Discontinue at day 28	Full	Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core
<b>PHASE III</b> 12-16 weeks	Full	None	Full	Advance closed chain strengthening  Progress proprioception activities  Begin stairmaster, elliptical and running straight ahead at 12 weeks
<b>PHASE IV</b> 16-24 weeks	Full	None	Full	<b>16 wks:</b> Begin jumping  <b>20 wks:</b> Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills  <b>22 wks:</b> Advance as tolerated  FSA completed at 22 wks***

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<b>PHASE V</b> > 6 months	Full	None	Full and pain-free	Gradual return to sports participation after completion of FSA  Maintenance program based on FSA
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\*Recipient knee does not require brace during day at all, unless concomitant meniscus repair done. Immobilizer on recipient knee is worn only at night to retain full extension and may be off during the day.

Donor knee does not require brace at nighttime at all; hinged brace daytime locked in extension 0-2 wks and then unlocked 2-4 wks.

Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

\*\*Immobilizer may be removed for sleeping after first post-operative visit if no flexion contracture remains

\*\*\*Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at approx 22 wks post-op for competitive athletes returning to play after rehab