HOW LONG UNTIL I CAN PLAY?

Need to Know

100,000 new ACL injuries each year.

ACL injuries used to be career ending, but now 90% of athletes return to same level of activity by one year after ACL Reconstruction (ACLR).

3% risk of re-rupture on ACLR knee and 3% risk of rupture on Healthy knee.

Input from athlete, athletic trainer, physical therapist, and physician is crucial during rehab process.

The Healing Process

Initially, the graft is weakened because of blood supply disruption.

Graft needs to re-develop blood supply which takes 4 - 6 weeks.

Weakest graft time is typically 8 - 12 weeks.

Complete blood supply returns around 20 weeks/5 months.

Body uses graft as a scaffold to lay down ligamentous tissue for remodeling.

Graft strength is lost during the initial remodeling phase, up to the weakest time period, then the strength improves gradually over time.

By 1 year, structure of ACLR will closely resemble original ACL.

ACL REHABILITATION

TIMELINE

0 - 6 Weeks
Swelling Control & Range of Motion
Weight Bearing Progression
Quadriceps/Lower Extremity Strength
Balance & Proprioception
Begin Under Water Treadmill Protocol

6 - 12 Weeks
Under Water Treadmill Running
Strength Progression
Balance & Proprioception Progression

12 - 16 Weeks
Treadmill Running & Light Agility
Under Water Treadmill Speed Workouts
Begin Lower Leg Exercises in Weight Room

4 - 6 Months
Progress intensity, running, jumping
Begin Sport Specific Drills
Return to Play Testing

6 - 8 Months
Return to Full Activity per Physician
Release & Return to Play Criteria Completion

*EACH ACL RECONSTRUCTION IS UNIQUE TO THE ATHLETE*

*TIMELINE IS VARIABLE PER ATHLETE*

*PERCENTAGE MEASUREMENTS WILL BE RECORDED DURING THE 4 - 6 MONTH TIME FRAME FOLLOWING SURGERY*

RETURN TO PLAY CRITERIA

Name: ____________________________
Injury Date: _______________________
Diagnosis: _________________________
Surgery Date: ______________________
Today's Date: ______________________
Physical Therapy Progression & Current Status

______________________________
______________________________
______________________________
______________________________
______________________________
______________________________

Target % Date % Diff. Signature
Quad Size 85%
Biodex 85%
Hop Test 90%
3PQ 90%
Single Leg Press 90%

Additional Comments & Notes

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Cleared ( )
Cleared with Limitations ( )
Not Cleared ( )
Physician Signature: ____________________