

**Bonnie P. Gregory, MD**  
**Pediatric ACL Reconstruction with IT Band Autograft**  
**Rehabilitation Protocol**

	<b>Weight Bearing</b>	<b>Brace</b>	<b>Range of Motion</b>	<b>Exercises/Strength</b>
<i>0-2 Weeks</i>	Toe Touch WB	Locked at 0°	CPM 0-30°	Heel slides, SLR, SAQ, calf stretching
<i>2-6 Weeks</i>	Toe Tough WB	Locked at 0°	D/C CPM if apprehension to motion has dissipated  ROM 0-90°	Heel slides, SLR, SAQ, calf stretching, Assisted and active seated flexion and extension exercises
<i>6-12 Weeks</i>	Full	D/C Brace	ROM as tolerated	Formal Strengthening can begin at 6 weeks  Beginning with Closed Chain Proprioceptive exercises and progressing as tolerated
<i>3-6 Months</i>	Full	Functional Brace RTS Brace	Full	Straight ahead jogging may begin at 3 months  Functional sport activities
<i>6-12 Months RTS Criteria</i>	Full	Functional Brace	Full	Symptom free running Confidence with jumping and landing (double and single leg) Pain free activities Ability to confidently perform cutting and lateral movements and decelerate and change directions Functional Sport Test with good results

- ❖ Rehabilitation may be modified if concomitant meniscal or cartilage procedure
- ❖ RTS is determined by M.D. only after a functional sport test is conducted and deficiencies are addressed

For any questions or concerns regarding the protocol or rehabilitation process please contact

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