Physical Therapy & Sports Rehab, Inc.

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Recovering From ACL Repair Surgery

What You Need to Know

What Is the ACL and Why Was It Repaired?

The anterior cruciate ligament (ACL) is one of the four major ligaments that stabilize the knee. It runs diagonally through the middle of the joint and controls forward movement and rotational stability of the shin bone relative to the thigh. ACL tears are among the most common serious knee injuries, particularly in athletes who play sports involving cutting, pivoting, jumping, or sudden changes of direction.

Because the ACL has very limited ability to heal on its own, surgical reconstruction is often recommended for active individuals. The surgery replaces the torn ligament with a graft — most commonly taken from your own patellar tendon, hamstring tendon, or quadriceps tendon — and attaches it through tunnels drilled in the bone.

What Can I Expect After Surgery?

Weeks 1–2: Protection and early motion

- Swelling, bruising, and pain around the knee are normal
- You will likely use crutches and wear a brace initially
- Gentle range-of-motion exercises and quad activation begin immediately
- Ice and elevation are essential to manage swelling

Weeks 3–6: Regaining motion and early strength

- Progressive weight-bearing as tolerated
- Focus on restoring full knee extension — critical for long-term outcome
- Stationary cycling and water-based exercise may begin

Months 2–4: Strength and neuromuscular control

- Progressive strengthening of the quad, hamstring, hip, and calf
- Balance and coordination training
- Low-impact functional activities

Months 4–9+: Sport-specific training and return to activity

- Running, agility, and sport-specific drills introduced gradually

- Return to sport typically requires passing functional strength and movement tests
- Full return to competitive sport generally occurs at 9–12 months

What Precautions Are Important?

- Do not rush return to sport — the graft takes 9–12 months to fully mature and integrate into the bone
- Avoid deep squatting, pivoting, or cutting movements until cleared by your surgeon and therapist
- Full knee extension must be restored early — loss of extension is a serious complication
- Swelling should be monitored closely — excessive or worsening swelling should be reported

When Should I Be Concerned?

- Signs of infection — increasing redness, warmth, or discharge at the incision
- Fever above 101°F
- Sudden significant increase in swelling or pain
- Complete loss of knee motion
- A new pop or giving way of the knee

How Physical Therapy Makes the Difference

ACL rehabilitation is one of the most protocol-driven and well-researched areas in physical therapy. Every phase builds on the last — and cutting corners increases the risk of re-tear. Your PT will guide you through each stage, monitor your progress, and ensure you meet objective criteria before advancing. Athletes who complete a comprehensive PT program have significantly better outcomes and lower re-injury rates.

Full graft maturation takes **9 to 12 months** — your PT program protects you every step of the way.