SCREENING:

(to be completed at 3+ to 66 months post-operatively, depending on graft type and/or individual)

- No abnormal gait patterns while walking as fast as patient can on the treadmill for 15 minutes.
- 30 step and holds without loss off balance or excessive motion outside of the sagittal plane.
- 10 consecutive single leg squats to 45 degrees of knee flexion without loss of balance, abnormal trunk movement, Trendelenburg sign, femoral IR or the knee deviating medially causing the tibial tuberosity to cross an imaginary vertical line over the medial border of the foot.
- ≥80% 1-repetition maximum (1-RM) on the leg press (0-90°).
- ≥80% 1-repitition maximum (1-RM) on the knee extension machine (90-45°).
- ≥90% composite score on Y-balance test.
 - Composite score = anterior reach + posteriormedial reach + posteriorlateral reach)/ (3×1) k length).

RUNNING:

- Begin jogging on a treadmill or a track when the patient passes screening and is cleared by the the physician.
- Running should begin at slow, comfortable speeds for short durations and distances.
- The patient may progress in speed, time and distance as long as there is no development or increase in pain, swelling, warmth, or gait deviations.
- The patient should be seen by the ATC or PT once every 2-3 weeks while running tolerance and endurance progresses.
- Aggressive strengthening should continue in preparation to pass the screening test to begin agility drills.