THE 7-PHASE PRO METHOD

Everything you need to understand each phase of The PRO Method. What to focus on, what to look for, and a real session example at every stage of ACL recovery.

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ABOUT LEON

15 years ago I tore my ACL playing basketball! That rehab experience ignited my passion for physical therapy, and for helping others recover from otherwise career ending injuries.

Fast forward to 2015… I'm a new PT grad, and I'm struggling with my first ACL patient. I felt unprepared and inadequate. The standard protocols were failing me. I wasn't sure when to progress, what pain was normal and what I should be concerned about, how to get my patient over hurdles that stopped progress… I felt lost.

Cut to the present… after a decade of deep diving into the literature, treating thousands of top-level athletes, hundreds of post-op cases, and extensive trial and error.

The Result? The PRO Method… the system that has transformed my patient outcomes. And now, I'm sharing it with you, so it can transform your patient outcomes too.

WHAT IS THE PRO METHOD?

The PRO Method is a criteria-based rehabilitation framework designed to take patients from the earliest stages of recovery all the way back to full performance. Built around three core principles — Protect, Restore, and Overload — it is organized into 7 progressive phases, each with a specific clinical focus and measurable benchmarks that must be met before moving forward.

What makes the PRO Method different is that it is not built around time. Every phase has objective criteria that a patient must demonstrate before progressing. The calendar is a guide. The criteria is the standard.

The framework is flexible by design. Depending on how a patient presents, they may begin at any phase. It works for post-operative and non-operative patients alike, and can be applied across a wide range of diagnoses and body parts.

Early in my career I felt the pressure to get patients better as fast as possible. What I learned over 10 years of practice is that the goal was never speed — it was quality. It is not just about how fast you get a patient back. It is about how good they are when they get there. The PRO Method was built on that belief — where time is one consideration among many, and criteria is always the primary measure of readiness.

PHASE 1: MAXIMUM PROTECTION

WHAT TO FOCUS ON

The focus here is to protect healing tissue while strategically creating an environment to accelerate recovery. While most non-operative cases may bypass this stage, it is a critical starting point for the post-surgical patient. This phase is dedicated to strictly monitoring swelling and pain while regaining range of motion through gentle movement within safe parameters.

WHAT TO LOOK FOR

Swelling and pain are your primary indicators in this phase — monitor effusion at the start of every session and after activity. If swelling is increasing, you are moving too fast. Keep a close eye on incision healing and flag anything concerning to the surgeon early. Be mindful of graft-specific precautions, as a concurrent meniscus repair or specific graft type can significantly change what is appropriate in this phase. This phase rewards patience. The temptation is to push — but protecting the environment for healing is just as important as the exercises themselves.

PHASE 1: ACL SESSION EXAMPLE

Patient A

Table:
- Patella Mobs
- PROM (off the table)

Mobility:
- Heel slides (strap vs. seated) x5min
- Nu-step x5min

Activation:
- Quad sets (NMES) x5min
- TKEs (ball into wall w/ NMES) x3min
- Calf Raises 3x10

Gait Training:
- Weight shifting (3 way)
- Laps w/ crutches

Strength (BFR):
- 3 way SLR

Heel Prop 10-15min w/ ice

PHASE 2: PROTECTION

WHAT TO FOCUS ON

The focus here is restoring range of motion and initiating local muscle activation to support the specific joint or structure that was injured or repaired. We continue to monitor pain and swelling and begin to normalize functional movements like gait. While post-surgical patients transition here from Phase 1, any acute non-operative athletes will begin The Pro Method in this phase.

WHAT TO LOOK FOR

ROM is the priority — if a patient is struggling to regain passive range of motion, get creative. Different positions, manual techniques, and mobility tools all have a place here. Don't default to the same two exercises if they aren't moving the needle. NMES is a go-to in this phase for restoring muscle activation in post-operative patients, and isometrics are equally valuable for both post-op and non-operative cases where loaded movement is not yet appropriate. If activation isn't improving, address it before moving on.

PHASE 2: ACL SESSION EXAMPLE

Patient A

Table:
- Patella mobility
- PROM off the table

Mobility:
- Bike x5min
- Heel slides x3min
- Hamstring stretch with strap x45 sec

Activation: BFR
- LAQ x3 mins (NMES)
- TKEs w/NMES (ball) x5min
- Wall squat holds 4x20 sec
- 3 way balance reach (band) 3x5

Gait training:
- Laps without crutches

Strength:
- SL shuttle press (less than 90 degrees) 3x12
- SL calf raises 3x10
- Ball bridges 3x10

PHASE 3: FUNCTIONAL RESTORATION

WHAT TO FOCUS ON

The primary focus of this phase is to restore normal activities of daily living and improve your tolerance for daily activity, bridging the gap between clinical rehab and functional life. We prioritize mastering essential movements such as walking with a normal gait, navigating stairs, getting in and out of a chair, reaching overhead, and performing self-care activities like dressing or bathing without compensation.

WHAT TO LOOK FOR

This is the phase people tend to rush through. Patients are bored with the basics and ready to move on — but the quality of movement here sets the ceiling for everything that comes after. Pay close attention to the biomechanics of functional patterns like gait and overhead reaching. If these movements are trained sloppily now, running and lifting will reflect that later. Earn the movement quality before adding the load.

PHASE 3: ACL SESSION EXAMPLE

Patient A

Table:
- PROM
- patella mobs

Mobility:
- Bike 5 mins (warm up)
- Hamstring stretch (strap) 2x30 sec
- Calf stretch (slantboard) 2x30 sec

Activation:
- SAQ NMES 7 mins
- SL balance holds 30 sec followed by UE reaches 10x (3 rounds)

Gait training:
- Big ball behind the knee (TKEs) 3x15
- Sled pulls /pushes (25lbs) 3x

Strength:
- Staggered squat 3x8
- SL Calf raises 3x15
- SL RDLs w/MB 3x8
- Step ups (2-3 risers) 3x12

PHASE 4: PROGRESSIVE OVERLOAD

WHAT TO FOCUS ON

The primary focus of this phase is building muscular endurance through a structured strengthening program. This phase is all about capacity—we want to ensure our patients have the durability to perform reps over and over again with high quality. By gradually increasing the volume and intensity of your movements, we shift the focus from simple recovery to building a resilient system that can handle the repetitive demands of both daily life and athletic training.

WHAT TO LOOK FOR

Loading strategies are everything in this phase. In Phase 3 the patient demonstrated they could perform a few reps with good mechanics — now we want to see that quality hold up as volume increases. At least 80% of reps should look clean before you add more load or repetitions. Control is the non-negotiable here. If compensation is creeping in as fatigue sets in, the patient is not ready to progress the load. Capacity without quality is not capacity.

PHASE 4: ACL SESSION EXAMPLE

Patient A

Table:
- Cupping to posterior knee

Mobility:
- Slantboard calf stretch x45sec
- Prone Quad stretch x45sec
- Couch stretch x45sec

Activation:
- Slantboard squat x20
- Exaggerated split squat on 2 steps x10
- DL leg extension on machine 15lbs (90-45 degrees) 3x12
- Stork stance (yellow hip core) 25x

Strength:
- FWD step downs (2 risers) 3x8-12
- SL squat to box w/ TRX (20in) 3x10
- SL hip thrusters 4x8sec (each side)
- SL calf raises on wedge 3x15 (each side)

PHASE 5: INTRO TO IMPACT

WHAT TO FOCUS ON	The primary focus of this phase is building muscular hypertrophy while reintroducing impact movements. We believe a stable foundation of strength is essential before returning to high-velocity movement. Using a system of graded exposure, we transition from controlled strength to dynamic loading, with a heavy emphasis on mastering proper landing mechanics and force absorption.
WHAT TO LOOK FOR	Patients must prove both strength and force absorption strategies before jogging begins in this phase. Once they do start running, understand that reps alone will not fix a limp or a poor movement pattern. Cueing is just as important as the program itself. If the pattern looks off, correct it through active coaching and offloading strategies rather than just accumulating more mileage and hoping it resolves. Movement quality has to be earned on every run, not just the first one.

PHASE 5: ACL SESSION EXAMPLE

Patient B

Mobility:
- Bike x5min
- Slantboard fwd step down x20
- Exaggerated split squat x10

Activation BFR:
- DL leg extension holds 4x30sec (30lbs)
- Skaters/LBW 5 steps; 10 skaters

Agility:
- Sprinting intervals
- Hops (Double, Single) front and side 2x

Strength:
- Exxentric Squat 3x12
- SL TRX skater squat 4x6-8
- SL hip thrusters 4x8
- SL calf raises on slantboard 3x12

PHASE 6: DECELERATION

WHAT TO FOCUS ON

The primary focus of this phase is learning how to "use the brakes." Once a patient has demonstrated the ability to absorb force, the emphasis shifts toward deceleration—the critical skill required to safely cut and change direction. Training moves beyond simple landings to dynamic, high-speed braking maneuvers, ensuring the body can handle the rapid deceleration forces that occur during athletic movement.

WHAT TO LOOK FOR

Deceleration in the sagittal plane comes first. Everyone wants to test the go — very few remember to test the brakes. Master straight-line stopping before introducing any change of direction. Heavy eccentric-focused work is the foundation here. Only once a patient has demonstrated clean sagittal plane deceleration do we progress to lateral movement and reactive cutting.

PHASE 6: ACL SESSION EXAMPLE

Patient B

Warm-up: Bike x3min
Mobility:
- Knee circles 5x
- Hamstring stretch with strap x45sec
- Prone Quad stretch x45sec
- Couch stretch (12in box) x45sec
- Calf stretch x45sec

Activation:
- Slantboard fwd step down (2 45lbs plates) 20x
- Exaggerated lunge (floor w/o weight) 20x
- Skaters/LBW 5 steps; 10 skaters

Agility:
- Lateral hops accross room (down each side)
- Split jumps off box (weighted) 3x4
- Hurdle transition jumps x3sets
- COD/cutting decel moves with ball

Strength:
- Heavy lateral lunge (landmine) 3x6-8
- KB front loaded lunge 3x6-8
- SL landmine RDL 3x6-8

PHASE 7: RETURN TO SPORT

WHAT TO FOCUS ON

The final phase is a gradual, tiered integration into sport-specific movements and high-intensity competition. This stage addresses the critical psychological component of recovery, helping the athlete rebuild confidence in their body's ability to perform under pressure. Progression is highly individualized and specific to the athlete's sport.

WHAT TO LOOK FOR

Sport-specific testing and psychological readiness testing are both non-negotiable here — one without the other is an incomplete clearance. Contact is reintroduced gradually and progressed with intention, not on a fixed schedule. For high-level athletes, get out of the clinic. Watch a practice. Watch a training session. Seeing how your patient moves in their actual environment will tell you things that no test in the clinic ever could. That is the level of individualization this phase demands.

PHASE 7: ACL SESSION EXAMPLE

Patient A

Activation:
- Rowing 800m

Mobility:
- Dynamic Warm-up: quad pulls, hamstring sweeps, hip openers, cossack squat, reverse lunge with rotation

Agility:
- Resisted lateral shuffle

Strength:
- Rearfoot Elevated Split Squat 3x5 reps superset with Split Squat jumps 3x3-4 reps
- Barbell RDLs superset 3x5 reps with KB swings 3x8 reps
- Lateral Lunges 3x5 reps superset with MB skater jumps 3x3 reps

THIS WAS THE FRAMEWORK. THE COURSE IS THE FULL PLAYBOOK.

You just saw how The PRO Method works across all 7 phases. The ACL Course goes deeper on everything — the clinical evidence, the programming details, and the tools to make better decisions with every patient you treat.

What's inside the ACL Course:

- The peer-reviewed evidence behind every phase and clinical decision
- A complete exercise library with video demonstrations for every movement and assessment
- Considerations for ACL graft types, programming, and common sticking points
- How to use isometric testing and force plates to make objective progression decisions

"Having objective criteria for progression has changed the way I structure both my evaluations and treatment planning. Instead of relying heavily on timelines, I'm more intentional about measuring things like quadriceps strength, movement quality, and functional capacity to determine when a patient is actually ready to progress. It has also helped guide clearer conversations with both patients and surgeons about where someone truly is in the rehab process." - **Dr. Kinsey Duncan, PT**

STOP GUESSING START LEADING.

CLICK HERE.