



POSTEROLATERAL CORNER RECONSTRUCTION

REGENMD REHABILITATION PROTOCOL

REHABILITATION PROGRESSION

- The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

PRECAUTIONS

- supervised physical therapy expected for approximately 2–9 months
- functional knee brace to be worn immediately post-op and continued for duration of rehab
- bathing/showering without brace after 14 days
- sleep with brace locked in extension for 2 weeks
- non-weight bearing for 2 weeks – knee locked in full extension except with PT for 4 weeks

PHASE I (WEEK 1–2)

- NWB with axillary crutches
- knee brace locked in full extension except for therapy
- in brace SLRs with co-contractions
- prone hangs (no prone hangs if PCL recon done)
- patellar mobilizations
- hip active ROM, foot and ankle exercises
- isometric quadriceps & hamstring exercises every 20° in available range
- passive knee extension stretching
- functional electrical stimulation (for quads control, as needed)
- cryotherapy for knee & modalities for inflammation as needed

PHASE 2 (WEEKS 2–6)

- wound assessed, may begin bathing/showering
- knee brace locked in full extension except for therapy
- continue with ROM exercises, PROM to 110°
- 50% WB with crutches in knee brace
- can start pool rehab (no open kinetic chain exercises)
- cryotherapy for knee & modalities for inflammation as needed

PHASE 3 (WEEKS 6–12)

- wean off crutches: to full weight bearing, no aids
- start closed kinetic chain exercises for quads, hamstrings & calf muscles – in gravity eliminated plane or with support
- start stationary bike (avoid hyperextension)
- start treadmill (forward)
- upgrade functional exercises



PHASE 4 (MONTHS 3-9)

- continue with ROM, strengthening, endurance and functional activities
- can initiate open kinetic chain exercises (to full knee extension)
- initiate plyometric program as appropriate for patient's functional goals
- functional progression, including but not limited to:
 - ▶ walk/job progression
 - ▶ forward/backward running, 1/2, 3/4, full speed
 - ▶ cutting, cross-over drills, slide boards, etc.
- Initiate sport-specific drills as appropriate for patient

PHASE 5 (MONTHS 9-12)

- safe return to athletics
- maintenance of strength, endurance & proprioception
- use of functional knee brace with sport activity - for completion of 12 months post-op

SOURCES:

- Medcenter One Inc. (Academy of Sports Medicine and Exercise Physiology Services); Bismarck, North Dakota (from the internet)
- Clinical Orthopaedic Rehabilitation. Ed.: S. Brent Brotzman; Mosby-Year Book, Inc., 1996
- Noyes FR, Barber-Westin SD (eds.), Copyright Saunders, 2009 - Noyes FR, Barber-Westin SD, Heckmann TP: Rehabilitation of posterior cruciate ligament and posterolateral reconstructive procedures, pages 631-657.