

Posterolateral Corner Reconstruction for PLRI and PLC reconstruction with combined medial POL advancement Rehabilitation Protocol

General Guidelines: Immediate Post-op

- **No passive extension or active flexion exercises**
- Gentle flexion PROM is permitted within MD limitations (usually 90 degree limit for the first 2 weeks and then slow ROM progression as the capsular structures allow- use pain as a guide)
- **Only active extension ROM exercises for the first 6 weeks**
- **NWB with bilateral crutches and brace for the first 6 weeks**
- **Knee Brace generally has foot plate attachment to prevent tibial posterior glide**
- Brace locked at either 20 or 30 degrees (set by MD in surgery) for the first week and then opened by MD or lead PT or ATC to the patient's available ROM. Brace can be opened as the patient's active ROM progresses. The brace should never be opened to a range which forces ROM or passively stretches the patients

Post-op Weeks 0-2

- Patella mobilizations, ankle pumps, and quad sets performed with the knee supported within the patient's available ROM.- less support can be given as the patient achieves extension ROM
- Brace opened in patient's available ROM
- Supine SLR flexion in the brace performed with the knee supported- instruct the patient to emphasize a quad set with maximum knee extension as they raise the leg
- Modalities for pain and swelling

Post-op Weeks 2-4

- Hip extension SLR- emphasize knee extension as they raise the leg
- **Hip abduction SLR should never be performed in the 1st 8 weeks**
- AROM for extension and PROM flexion
- SAQ can be added at 3 weeks
- Supine SLR performed in sets of 10- no ankle weights added until the patient can perform 8 sets of 10 with good form (add ankle weights in 1 pound increments)
- At 3 weeks, begin hamstring stretching with the knee supported- emphasis on muscle flexibility, and not capsular stretching
- Theraband ankle PF with the knee supported
- Advance to seated soleus raises as ROM approaches 90 degrees
- Brace opened in patient's available ROM
- Modalities for pain/inflammation
- Functional e-stim of quadriceps

Post-op Weeks 4-6

- Add multi-angle quadriceps isometrics around week 4 as ROM approaches 90 degrees

- Standing hip flexion and extension T-band or cable column exercises
- Brace opened in patient's available ROM
- Never perform TKE's to avoid posterolateral shift
- Seated calf raises
- Modalities continued

Post-op Weeks 6-8

- WBAT with bilateral crutches and a fully opened brace if the patient's ROM is within 10 degrees of full extension
- Foot plate from the brace is removed generally at 6 weeks
- PROM for knee extension to achieve the last 10 degrees
- Gait training should emphasize full knee extension with a quad contraction as the heel contacts the ground, continued knee extension and quad contraction during mid-stance, and knee flexion with ankle plantarflexion at toe off. Common compensations include knee flexion at heel strike, excessive hip and trunk flexion at heel strike, early knee flexion at mid-stance, and hip hiking at toe off. All compensations should be minimized. Retro treadmill or forward treadmill on an incline can be utilized to achieve terminal knee extension during gait training.
- Avoid varus thrust with walking and exercise to prevent stretching out of the reconstructed posterolateral corner structures
- Bike
- Low-level proprioception exercises
- Leg Press
- Progress SAQ to FAQ
- Modalities and functional e-stim as symptoms indicate

Post-op Weeks 6-10

- Rehab to emphasize quad strengthening, achieving full ROM, and correcting any gait deviations
- Brace discontinued from 6-8 weeks pending patient's ROM and symptoms-continue the brace at night locked in full extension if patient has a flexion contracture
- Wean crutches from 2 to 1 to none as gait deviations diminish- **1 crutch discontinued only when patient achieves a normal gait pattern**
- Add hip abduction SLR at 8 weeks if hip weakness is present
- Open chain hamstring curls and step training added from 8-10 weeks

Post-op 10-12 weeks

- Elliptical
- Nautilus Isotonic machines
- Isokinetics for quad and hamstring strengthening
- Advanced proprioception exercises
- Isokinetic test at 12-16 weeks (pending ROM and strength with PRE's)- goal of 70% quad and 85-100% hamstring strength
- KT 1000 test at 12 weeks

Post-op 3-6 Months

- Return to running program if strength goals achieved- start with a slow jog, progressing to sprinting, retro running, turning, lateral, and cutting drills over a 8-10 week period
- Progress from low level to high level plyometric program
- Sport: Specific functional progression

Return to Sport

- Isokinetic test: 85% quad/hamstring
- Completed return to running program
- Completed sport specific drills