Anterior Cruciate Ligament
Lateral Collateral Ligament/Posterolateral Corner Reconstruction
Postoperative Rehabilitation Protocol
Dr. Jeffrey Witty, M.D.

This document reviews the postop protocol for an ACL/LCL/Posterolateral corner (PLC) reconstruction to the knee. Please review all aspects of the protocol. Please contact M.D. for any questions or concerns.

PLEASE REVIEW THE FOLLOWING NOTES FOR KNEE PROTECTION AFTER SURGERY

Notes**:**

- Please review any additional physician notes for adjustments to protocol depending on concurrent pathology (ex. meniscus repair).
- AVOID VARUS force to knee during rehab exercise
- No aggressive PROM to avoid stretching graft tissue
- PT to educate and observe patient to avoid pivoting over the knee
- PT to educate and observe patient to avoid tibial external and internal rotation of the knee
- PT to observe and adjust rehab based on patient response regarding pain and effusions.
- Unlike isolated ACL reconstruction, DO NOT ALLOW HEEL PROP under the ankle. This avoids hyperextension and stretching PLC grafts.
- While at rest, educate patient to keep patella facing straight up (toward ceiling) to avoid the leg rotating outward and putting varus stress on the knee.
- **BICEPS FEMORIS precautions**: In all cases, avoid isolated open chain, hamstring strengthening until 4 months postop
- Range of motion exercises must be performed AT LEAST 4 times a day.

Modalities:

- Ice, compression, thigh high compression sleeve, and other swelling reduction ok to start immediately.
- Ice pack/cryo 20 - 30 min on and 20 - 30 min off
- Quickly transition from any bulky postop dressing to thinner compression dressing by POD2 to facilitate cryotherapy.
- Thigh high compression sleeve at least 6 weeks postop
- E – stim and biofeedback to quad starting POD1

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	Weightbearing	Brace	ROM	Exercise
Phase I Week 0 - 2	NWB, crutches	Immobilizer/brace in full extension at <u>all</u> times except ROM and exercise	Seated gravity assisted PROM 0 – 90 If biceps repair performed, avoid biceps femoris activation	Seated knee extension stretch. No heel prop. Do not hyperextend the knee. Quad sets Patella mobs avoiding skin incisions
Phase II Week 2 - 6	NWB, crutches	Immobilizer / brace in full extension at <u>all</u> times except for ROM and exercise	Progress seated gravity assisted PROM / AAROM as tolerated. If biceps repair performed, avoid biceps femoris activation	Phase I as above
Phase III Week 6 - 8	Progress to WBAT and wean off crutches	Transition to hinged knee brace. Hinged knee brace at all times.	As tolerated If biceps repair performed, avoid biceps femoris activation	Phase II as above Begin stationary bike with low resistance Begin leg press 0 – 70 deg up to 25% body weight
Phase IV Week 8 – 12 **Progression to strengthening phase**	WBAT	Hinged knee brace at all times.	As tolerated	Phase III as above. Once patient able to tolerate 20 min of walking with normal gait, begin a weightbearing strength program consisting of closed chain.

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Phase V **After week 12**	WBAT	Hinged knee brace at all times	As tolerated	Continue Phase IV Begin periodized strength program and progress depending on individual patient needs. Consider at least 6 weeks for physiological adaptation between significant rehab changes.
Phase VI **As early as week 16**	WBAT	Hinged knee brace at all times	As tolerated	Phase V as above. May start jogging and side to side movement if adequate balance and strength determined. Progress strengthening as tolerated **Ok to begin isolated hamstring exercise.**
Phase VII **Return to activity and sport phase**	WBAT	Hinged knee brace until 6 months postop. Can transition to custom low profile brace as available and as needed.	As tolerated	Phase VI as above. Progress exercise and strengthening as tolerated. Usually minimum of 9 months needed prior to return. Athletes will need to pass functional testing. Workers will need to pass functional testing.

Timeline:

Full range of motion and normal gait pattern: by 3 – 4 months
Light jogging: Earliest by 4 months if adequate balance and strength
Side to side movement: Earliest by 4 months if adequate balance and strength
Return to sport: Earliest 9 months and out to 12 months

Protocol adapted from:
LaPrade et al AJSM 2019
Geeslin et al JBJS 2011
LaPrade et al AJSM 2018