

Notes:

**This protocol is designed to serve as a guide for the rehabilitation process. It is not intended to supersede clinical judgment and decision making. Progression through each phase is designed to allow for maximal tissue healing of repaired tissues and is based on scientific evidence and clinical experience.*

Estimated Return to Sport:

Criterion for Progression:

- 1) **Minimal to no edema**
- 2) **Full knee flexion AROM**
- 3) **Full patellar mobility**
- 4) **Normalized gait pattern**

Phase III – Tissue Remodeling/Hypertrophy Phase (month 4-6)

- Goals:**
- 1) Develop quad strength
 - 2) Improve endurance
 - 3) Begin proprioceptive training
 - 4) Improve functional quad eccentric control
 - 5) Normal clinical exam

Exercise: Open Chain/Closed Chain Hamstring curls⁴
Balance Board^{4,8}
Static Lunges (short arc)⁴
Step ups⁴

CV Exercise: Walking Program^{4,8}
Bike (add resistance)⁴
Begin Jogging progression⁴
Swimming (no whip kicks or flip turns)⁴

Criterion for Progression:

- 1) **No pain or edema**
- 2) **Able to perform 20 reps to 60 degrees single leg squat with good eccentric quad control and lower extremity alignment**
- 3) **Quad strength > 80% of uninvolved LE (10RM single leg press or isokinetically if available)**
- 4) **Normal clinical exam**

Phase IV – Sport Specific Training (month 7)

- Goals:**
- 1) Begin sport specific drills
 - 2) Normalize neuromuscular control
 - 3) Normalize jumping/landing mechanics if indicated
 - 4) Prepare for return to sport

Exercise: Begin agility progression (week 28)
Begin plyometric progression (week 28)
Begin sport specific training (week 28)

Criterion for Return to Sport: (Recommend combination testing of strength, agility, and power according to available resources/clinic setting)³

- 1) **Lower Extremity Functional Test (LEFT)¹³**
- 2) **Hop Tests – Single Hop, X-Hop, Triple Hop, Timed Hop >=85% uninvolved^{1,6,8-11}**
- 3) **Single leg squat to 60 degrees knee flexion with good control for 3 minutes^{7,8,10}**
- 4) **Quad strength > 90% of uninvolved (10RM leg press or isokinetic testing)¹²**
- 5) **IKDC (MCID 6.3@ 6mo; 16.7 @ 12 mo)^{2,4,5}**

Posterolateral Corner Reconstruction

Weight Bearing

- NWB x _____ wks
- TDWB x _____ wks
- PWB ____% x _____ wks
- WBAT
- Brace Locked in Ext x _____ wks

Brace

Brace : _____ weeks

With Sleep: _____ weeks

ROM

- Full ROM
- Locked full ext x _____ wks
- Locked at _____° x _____ wks
- ROM limits
- _____° to _____° x _____ wks
- _____° to _____° x _____ wks
- _____° to _____° x _____ wks
- _____° to _____° x _____ wks

CPM

- _____° to _____° x _____ wks
- 30-70° ↑10°/d @ dir
- None

Recommended Clinical Guidelines

ROM: 0-90 x 2 weeks⁴
0-120 by week 4⁴

Brace: Locked in extension
x 6 weeks except for
ROM⁴

WB: TDWB x 6 weeks⁴

Precautions

No hyperextension,
tibia ER, or varus x 12 weeks⁴

Phase I- Tissue Protection/Healing Phase (weeks 0-6)

- Goals:**
- 1) Reduce pain
 - 2) Reduce effusion
 - 3) Achieve full knee extension
 - 4) Improve knee AROM
 - 5) Protect against hyperextension and varus stress

ROM: PROM (0-MD prescribed limit)⁴
Ankle pumps⁴

Exercise: Quadricep Isometrics^{4,8}
SLR flexion^{4,8}
Hip extension with heels on ball (in brace)⁴
Sidelying hip abduction (in brace weeks 3-6)⁴
Open Chain Knee extension 90-30 (weeks 5-6)⁸

Manual: Patellar Mobilization^{4,8}
Patellar tendon mobilization
Scar mobilization^{18,19}

Modalities: Functional Electrical Stimulation of quads^{4,8}
Cryotherapy^{4,8,13-17}

Criterion for Progression:

- 1) Voluntary quad isometric contraction
- 2) Knee AROM 0-120 degrees
- 3) No extensor lag with SLR
- 4) Good patellar mobility

Phase II – Tissue Proliferation Phase/Progression Phase (weeks 7-16)

- Goals:**
- 1) Minimize knee hyperextension and varus stress
 - 2) Progress to WBAT gait
 - 3) Strength progression
 - 4) Normalize gait

ROM: PROM/AAROM/AROM flexion to full
Stationary Bike for ROM

Gait Training/Walking Program^{4,8}

Exercise: Standing heel raises⁴
Standing weight shifting^{4,8}
Partial Squats (<70 degrees flexion)^{4,8}
Shuttle/Leg Press (<70 degrees flexion)^{4,8}
Lateral Stepping (week 12)⁴

Manual: Patellar mobilization^{4,8}
Patellar tendon mobilization
Scar mobilization^{18,19}

Modalities: Cryotherapy^{4,8,13-17}
Functional Electrical Stimulation of quads^{4,8}