

Postoperative Rehabilitation Protocol for Posterolateral Corner Reconstruction



Dr. MacLean

Physical therapy should be started within a few days after surgery

Phase 1: Postoperative weeks 0-6

PRECAUTIONS/RESTRICTIONS

- Non-Weight bearing for 6 weeks
- Avoid tibial rotation, hyperextension, and varus force to the knee
- Hinged knee brace locked in extension for ambulation for 6 weeks. Otherwise should be unlocked once nerve block wears off
 - Should be work at all times
- **If PCL reconstruction**
 - A dynamic knee brace will be used for 6 months
 - Perform ROM in prone position to avoid tension on PCL graft via posterior tibial glide from gravity
 - NO active knee flexion or open chain hamstring isometric for 8 weeks

RANGE OF MOTION

- 0-90 degrees for 2 weeks. Then progress as tolerated
- Emphasize maintenance of full extension
- Wall slides/supine heel slide with strap
- Seated knee flexion with contralateral LE assist
- **If PCL reconstruction, perform prone knee flexion, PROM with strap**

STRENGTHENING

- Quad sets, prone TKE, SLR in brace
- Use of NMES if insufficient volitional quad activation

- Quad isometrics at 90, 60, 30, and 0 degrees of knee flexion
- Supine & lateral hip abduction in brace
- Prone hip extension in brace
- Ankle mobility and resisted motions in all planes in supine or seated position
- Supine and seated core stabilization
- Supine core isometrics with UE and LE dissociative movements

MODALITIES PRN

CRITERIA TO PROGRESS

- Pain free ROM 0-90
- Pain/swelling controlled
- SLR without extensor lag

Phase 2: Postoperative weeks 6-12

PRECAUTIONS/RESTRICTIONS

- No kneeling for 12 weeks postoperatively
- Progress to partial weight bearing and then WBAT. Wean off crutches
- Discontinue crutches and then brace with adequate quad activation / strength
- **If PCL reconstruction, keep dynamic brace for 6 months**

RANGE OF MOTION

- Progress / maintain ROM
- Stationary bike

STRENGTHENING

- Initiate balance training
- Closed chain functional exercise

If you have any problems or questions, please call your doctor's office (8am-5pm).

Answering service for after hours.

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- Mini-squats, step ups, lunging in sagittal plane (no flexion >70 degrees)
- Bridges
- Side steps – Keep band proximal to minimize varus force on knee
- Core strength and endurance

MODALITIES PRN

CRITERIA TO PROGRESS

- Pain free, non-antalgic gait
- PROM normalize to contralateral side
- Dynamometry 80% contralaterally with muscle testing

Phase 3: Postoperative weeks 12-20

GOALS

- Restore dynamic strength and begin plyometrics

RANGE OF MOTION

- Maintain full ROM

STRENGTHENING

- Initiate transverse plane and multiplanar motions
- Initiate plyometrics
- Restore power

MODALITIES PRN

CRITERIA TO PROGRESS

- Y balance test > 90%
- 60 second continuous single-leg squat to 60 degrees without femoral and lumbo-pelvic compensations
- Plank and side-plank 60 seconds without compensations
- Dynamometry 90% compared contralaterally with muscle testing
- Return to prior level of function with minimal symptoms

Phase 4: Postoperative weeks 20+

GOALS

- Return to sport

PRECAUTIONS/RESTRICTIONS

- **If PCL reconstruction, discontinue dynamic brace at 6 months if kneeling stress x-rays demonstrate less than 2mm difference**

STRENGTHENING

- AlterG initiated at 20 weeks for running
- Full body running at 24 weeks
- Sport specific dynamic exercises