Posterolateral corner rehab protocol

General considerations

- Touch (varus knees) or Full (normal alignment) weightbearing as tolerated with hinged brace locked in full extension for 4 weeks
- Patient will be instructed to come out of the brace twice a day for gentle, passive stretching into flexion. Avoid active knee flexion for 4 weeks
- Regular assessment of gait to watch for compensatory patterns. Watch especially to avoid posterior-lateral knee thrust in stance phase of gait
- Regular manual treatment to soft tissue and incisions to decrease the incidence of fibrosis
- No resisted leg extension machines (isotonic or isokinetic) at any point in the rehab process
- No high impact or cutting/twisting activities for at least 3 - 4 months post-op
- MD follow-up visits at Day 1, Day 14 nurse appointment for suture removal,; MD follow up at 6 weeks, 4 months, 6 months, and 1 year post-op
- Driving is permitted once your leg is strong and coordinated to react safely to avoid an accident. Driving is often resumed after the first week or two and when all pain medications/narcotics are no longer needed. Also, surgical leg and type of car are considered before being cleared to drive. Ask your PT if you are ready to safely return to driving

Week 1:

- Surgeon visit Day 1 post-op to change dressing and review home program
- Icing and elevation regularly
- Straight leg raise exercises (lying, seated, and standing), quadricep/adduction/gluteal sets/abduction exercises
- Hip and foot/ankle exercises, well-leg stationary cycling, upper body conditioning
- Pool/deep water workouts after the first 8 - 10 days (once incisions are healed) and with the use of a brace locked in full extension
- Soft tissue treatments for edema/pain control and to patella and incisions.

Weeks 2 - 4:

- GP/Surgeon visit at 10 - 14 days for suture removal and check-up
- Manual resisted (i.e. PNF patterns) of the foot, ankle, and hip. Trunk and gluteal stabilization program
- Continue with pain control, range of motion, soft tissue treatments, and proprioception exercises
- Non-weightbearing aerobic exercises (i.e. unilateral cycling, UBE, Schwinn Air-Dyne non-involved limb and arms only, pool workouts)

Weeks 4 - 6:

- Surgeon visit at 6-8 weeks post-op; will wean off use of rehab brace
- Brace ROM can be set at open during wean off process
- Stretching and manual treatments to work on full range of motion into flexion and extension

- Incorporate functional exercises (i.e. knee bends/squats, calf raises, step-ups, proprioception)
- Stationary bike and progressing to road cycling as tolerated
- Slow walking on treadmill for gait (preferably a low-impact treadmill)

Weeks 6 - 8:

- Increase the intensity of functional exercises (i.e. cautiously increase depth of closed-chain exercises, Shuttle/leg press). Do not overload closed- or open-chain exercises
- Patients should be progressing to walking without a limp and range of motion should be at least 80%

Weeks 8 - 12:

- Introduce more progressive single-leg exercise (i.e. Theraband leg press, single-leg calf raises)
- Careful analysis of gait and mechanics with corrective treatment (i.e. orthotics, glute strengthening)
- Patients should be pursuing a home program with emphasis on sport/activity-specific training.
  - Add lateral training exercises (i.e. side-step-ups, lateral stepping) once adequate mechanics are achieved
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Weeks 12 - 16:

- Low-impact activities until able to demonstrate adequate completion of a functional/sport test

- Increasing intensity of strength, power, and functional training for gradual return to activities

NOTE: All progressions are approximations and should be used as a guideline only. Progression will be based on individual patient presentation, which is assessed throughout the treatment process.