Randy Clark, MD Coral Desert Orthopedics 1490 E. Foremaster Dr., Ste. 150 St. George, UT 84790 435-628-9393 phone 435-628-9382 fax

PCL or ACL reconstruction-Multiligament Knee Protocol

With LCL, posterolateral, or MCL reconstruction Physical Therapy Protocol Randy Clark MD

	WEIGHT BEARING	Range of Motion	Goals	EXER C IS ES
0-2 weeks	Non-weight bearing in immobilizer with crutches.	None	Decreased pain Decreased swelling	1-Straight leg raises in brace 2-Calf pumps
2-4 weeks *Physical Therapy to start at 2 weeks	Weight bearing as tolerated in immobilizer	1-Passive 0- 90° when seated 2- No ROM during ambulation.	*Passive ROM 0- 90 *No quad lag	Strengthening: in brace: SLR's; hip extension exercises; hip abduction; quad sets
4-6 weeks	WBAT in immobilizer	1-Passive 0- 120 when seated 2-No ROM during ambulation	ROM 0-120	1- Cont strengthening in brace 2- Calf raises
6-12 weeks	1-As tolerated 2-can remove immobilizer with good quad control	1-Advance to full active ROM	1-Full ROM by 8 weeks 2-Normal gait	 1-wall slides (0-45 degrees) 2-leg presses to maximum of 90 degrees of knee flexion 3- No hamstring resistance strengthening 4- Closed chain only 5- Stationary bike 6- Pool exercises
13-16 weeks	As tolerated without brace	Full ROM	Symmetric quad girth and strength	 1-Advance resistance strengthening 2-Closed chain only- squats, leg press, hamstring curls 3-No running/jumping/deep squats
17-20 weeks	As tolerated Ok to begin jogging on treadmill if good quad strength	Full ROM	1-Normal reciprocal jogging gait 2-normal strength	 1-Advance strengthening with increase in weights 2-No jumping/ sports/cutting/pivoting activities 3-CV conditioning
21+ weeks	As tolerated	Full ROM	Progress into sport specific activities	 1-Advance functional training program, add agility drill program Return to Sports: 1->80% quad strength 2->90% hop test 3- cutting/running confidence 4-physician clearance 5-minimu m 8 months