

Posterior Cruciate Ligament & Posterolateral Corner Reconstruction

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The surgeon may specify on the referral any specific requests or deviations that fall outside the scope of this protocol, including if *deceleration* of these time frames is desired.

Phase I (Weeks 0 – 4)	Phase II (Weeks 4 – 8)	Phase III (Weeks 8 – 12)	Phase IV (Weeks 12 – 24+)
<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • TDWB with crutches • Wear brace at all times except when bathing • Avoid hamstring activation and hyperextension • Protect posterior tibial translation from gravity <p>CLINICAL CARE</p> <ul style="list-style-type: none"> • Swelling/Wound Management • NMES • Gait Training <p>EXERCISES</p> <ul style="list-style-type: none"> • Gentle AROM/AAROM • Patellar mobilization • Ankle pumps • Quad sets • SLR (no extensor lag, in brace) • NMES is strongly recommended to improve quad strength <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> • SLR without lag • Single leg stance w/ UE support • ROM <ul style="list-style-type: none"> ○ Extension: 0° ○ Flexion: 45° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Wean from crutches beginning week 6 • TDWB with crutches until sufficient quad control then WBAT with crutches • Wear brace at all times (except when bathing) locked in extension until good quad control • CKC (0-60°) for strength training <p>CLINICAL CARE</p> <ul style="list-style-type: none"> • Swelling Management • Work on normalizing gait • NMES • Manual knee flexion and extension stretching • Light scar mobilization when wound closed • Pool therapy when OK'ed by MD <p>EXERCISES</p> <ul style="list-style-type: none"> • AROM, AAROM, PROM for flexion and extension • Bike for ROM • Forward and lateral step ups • Double leg calf raises • Basic proprioceptive activities • Continue NMES <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> • Normal gait mechanics • Single leg stance control w/o UE support • Effusion managed • ROM <ul style="list-style-type: none"> ○ Flexion: >110° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Watch for patellofemoral pain • FWB • Continue lateral support brace until good quad control • Watch hip/knee alignment with single leg squatting <p>CLINICAL CARE</p> <ul style="list-style-type: none"> • Blood Flow Restriction Training • Manual Therapy PRN • Eccentric Training • (CKC) <p>EXERCISES</p> <ul style="list-style-type: none"> • Stationary biking with resistance • CKC hip strengthening - single leg without dynamic valgus • Step downs • Core exercises <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> • Negotiate stairs normally • Restore limb confidence • ROM <ul style="list-style-type: none"> ○ Full extension ○ Flexion within 5° of uninvolved side 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Watch hip/knee alignment with single leg squatting • No jumping, cutting, or sprinting until cleared • Hold on return to run or hop testing until quad limb symmetry index (LSI) is >80% and minimal effusion • Functional brace for cutting/sports activities <p>CLINICAL CARE</p> <ul style="list-style-type: none"> • Blood Flow Restriction Training for atrophy as needed <p>EXERCISES 12 – 16 weeks</p> <ul style="list-style-type: none"> • Leg press (double progress to single) • Advance CKC strengthening single leg without dynamic valgus • Seated knee extension (90-45°) • Lunges • Begin light hamstring strengthening <p>16+ weeks</p> <ul style="list-style-type: none"> • Stairmaster, elliptical • Running: initiate walk-jog program when the following criteria are met: <ul style="list-style-type: none"> ○ 80% quad LSI ○ Effusion - trace or less • Jumping: double progress to single leg • High level strengthening: single leg on unstable surfaces • Agility drills/plyometrics <p>24+ weeks</p> <ul style="list-style-type: none"> • Cutting/sport specific activities if cleared <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> • Return to sport or heavy work cleared by MD • >90% of limb symmetry on Functional Testing • Within 1 cm quad girth difference side to side