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ACL + Posterolateral Corner (PLC) Reconstruction Rehabilitation Protocol

The goals of this protocol are to protect the reconstructions while preventing knee stiffness, so early Passive ROM exercises are very important. In addition, preventing excessive anterior and/or posterior tibia translation is also very important.

Phase / Goals	Immobilization	ROM	Therapeutic Exercises
 Phase 1 (0-2 weeks) Goals: SLR x 20 without lag Normal gait mechanics PROM: 0 → 90° Hold wall slides x 2 weeks No varus stress, hyperextension or tibial rotation 	 Toe touch weight bearing x 6 weeks Brace locked in full extension during ambulation and sleep 	 Begin PROM 0 – 90 deg Avoid hyperextension and tibial rotation Patellar mobilization all directions Modalities: NMES if unable to perform SLR without lag Hi-volt estim for edema control/ IFC/ice estim for pain control Cryocuff/Game Ready Compression/ Ice 	 Bike for ROM (rocking) Flexion: heel slides, seated knee flex Extension: heel prop, prone hang Long sitting HS stretch Quad sets, glut sets SLR x4 with assist until no lag Standing TKEs Ankle pumps Calf raises on leg press Limit knee varus (i.e. no side lying hip abd or side stepping) No hamstring isometrics for 6 weeks
 Phase 2 (2-6 weeks) Goals: Minimal joint effusion Avoid isolated active hamstring exercises No varus stress, hyperextension or tibial rotation 	 Toe touch weight bearing Brace unlocked, 0-90 Brace worn during sleep 	 Begin full A/PROM as tolerated Modalities: Cont. above Scar STM when incision healed Patellar mobs all directions Gentle prone quad stretch/knee flex Manual assist extension/passive stretch HS STM for extension assist 	 Continue above Stationary Bike to increase ROM, start with high seat and progress to normal height when able Heel slides/wall slides/seated assist flexion Quad sets/glut sets, clams/mini-hydrants/glut pushes Leg press Standing TKEs Gait training- when gait WNL, progress to reverse incline No hamstring isometrics for 6 weeks ***No open chain HS x 4 months

 Phase 3 (7-12 weeks) Goals: Maintain full AROM No open chain HS x 4 months Limit knee varus No tibial external rotation 	 D/C hinged brace, convert to CTI brace Progress to FWB 	 Full A/PROM Manual: Joint mobs PRN for full flex and ext ROM Patellar mobs/ Scar STM with extractor Modalities: Ice/stim PRN 	 Stationary bike, advance resistance LE stretches Wall sits/squats <60° flex, progress to ball toss with wall sit and SL squat Total gym SL leg press, calf raise Step ups/lateral step over's- progress to faster pace No open chain HS x 4 months
 Phase 4 (13-16 weeks) Goals: Jogging without pain/swelling SL jump w/o difficulty Functional Knee Test results >75% (taken at week 16) 	CTI brace for activity & throughout the day	 Full A/PROM Avoid tibial external rotation 	 Continue everything in phase 3 Begin elliptical and stair master Begin walk-jog progression week 12 if full ROM/nil edema/full strength and can perform SL hops x10 pain-free (SUPERVISED) May begin swimming SL dead lift and RDLs
 Phase 5 (17-20 weeks) Goals: Sport-specific training without pain or swelling Functional Knee Test results >85% (taken at week 20) 	CTI brace for activity & throughout the day	 Continue Full A/PROM Modalities PRN 	 Increase walk-jog progression Figure 8 running patterns Gym-program activities Sport-related strengthening Progress plyometric progression Can begin isolated resisted hamstring exercises Otherwise progress per standard ACL protocol
 Phase 6 (20-24+ weeks) Goals: Functional Knee Test Results >90% (taken at week 24) 	CTI brace for activity & throughout the day	Continue Full A/PROM	 Progress sport/job-specific training (pivoting, change of direction, kicking, interval training) No contact No cleats No competition Gym-program activities

RETURN-TO-SPORT CRITERIA:

Full return to all sports and games

- Atleast 9 months from surgery
- No functional complaints, full range of motion & no effusion
- Confidence when running, cutting, jumping at full speed
- >90% isometric quadriceps strength
- >90% contralateral values on hop tests
- >90% Quad Index LSI with Biodex or HHD
- >90% Quad peak torque/body weight on Biodex (if applicable)
- Excellent ACL-RSI