LATERAL / POSTERIOR LATERAL CORNER KNEE RECONSTRUCTION (ISOLATED) PHYSICAL THERAPY PROTOCOL

Preoperative Guidelines
- Restore full AROM
- Teach normal heel-toe gait
- Strengthen involved extremity
- Decrease effusion
- Educate Patient on post-op protocol, use of crutches (level and stairs)

Note: Exercise prescription is dependent upon the tissue healing process and individual functional readiness in all stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedist.

Phase I (Post-op Days 1 – 14)
- No Hip ABD x 4 weeks
- Brace – locked in extension
- Crutches – Touch WB
- Patellar mobilization (teach patient)
- AAROM, AROM 0-90 degrees
- Calf pumping and calf stretching
- Passive extension with heel on bolster or Prone hangs...gently
- Electrical stimulation in full extension with quad sets and SLR
- SLR x 3...No hip ABD (parallel bars if poor quad control)
- Well-leg bicycle
- Ice pack with knee in full extension after exercise

Goals: SLR without extensor lag x 10, no increase in pain/effusion, AROM 0-0-90

Phase II (Weeks 3 – 4)
- No Hip ABD x 4 weeks
- Brace – locked in extension
- Crutches – PWB
- Continue appropriate previous exercises and patellar mobilization
- Scar massage when incision healed
AAROM, AROM 0-90 degrees
SLR x 3 on mat – no resistance
Double leg heel raises
Stretches – HS, calf, Hip flexors

**Well-leg** bicycle

**Goals:** AROM 0-0-90, SLR x 30 with no extensor lag, normal patellar mobility

**Phase III (Weeks 5 – 6)**
- Brace – open to available range
- Crutches – WBAT (D/C when gait is WNL, SLR x 30 without lag)
- Continue appropriate previous exercises
- AAROM, AROM 0-110 degrees
- Standing SLR x 4 with Theraband bilaterally: well-leg and involved leg
  - May begin Hip ABD with Theraband if good LE control in full extension
- Mini squats in parallel bars no > 0-45 degrees
- Partial wall sits no > 45 degrees
- Leg press with light resistance 0-45 degrees
- Hamstring curls 0-45 degrees – closed chain (carpet drag, rolling stool)
- Single leg heel raises
- Stationary bike for ROM – No resistance
- Stretches – HS, calf, Hip flexors
- Pool therapy – exercises in **sagittal plane only**

**Goals:** ROM 0-0-110 degrees, No effusion, no incision restrictions/adhesions

**Phase IV (Weeks 7 – 8)**
- Brace – unlocked to full range
- Continue appropriate previous exercises
- PROM, AAROM, AROM
- Partial wall squats – No knee flexion past 45 degrees
- Forward, lateral, and retro step downs in parallel bars
  - No knee flexion past 45 degrees
- Proprioceptive training – single leg standing, double leg BAPS for weight shift,
  - progress to single leg BAPS, plyoback, and body blade
- Stationary bike for progressive resistance and time
- Stairmaster – low resistance with short steps only for 10-15 min
- Elliptical trainer
- Treadmill – backwards and forwards walking
- Stretches – HS, calf, Hip flexors, prone quads
- Pool therapy – chest deep running

**Goal** – Full ROM, Walk 1 mile at 15 min/mile pace

**Phase V (Weeks 9 – 12)**
- D/C brace
- Continue appropriate previous exercises with progressive resistance
- Progress balance/proprrioceptive exercises.
- HS curls – open chain, progress as tolerated
- Treadmill – Walking approaching 15 min/mile pace
- Pool therapy – unrestricted
- Begin gym program...CKC exercises
ITB stretch

**Goal** – Walk 2 miles at 15 min/mile pace

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**Phase VI (Months 3 – 4)**

Continue appropriate previous exercises
Functional activities – Fitter, slide board, figure 8s, gentle loops, large zigzags, shuffles
Treadmill – Running progression program
Begin light plyometrics

**Goal** – Run 2 miles at 50-75% pace (normal gait) without increase in pain or effusion

**Phase VII (Months 5 – 6)**

Continue appropriate previous exercises
Home/gym program
Agility drills / Sports-specific drills/ Plyometrics Progression

**Goals:** Functional tests at least 90% of opposite leg to clear for sports and discharge (single leg hop and 12 meter hop for time), return to all activities,

*No contact sports until 6 months post-op*