**Posterolateral Corner Reconstruction**

**Jeremy Mangion, MD**

The intent of the protocol in this package is to educate you about your surgery and the challenging rehabilitation that will follow. The primary goal of rehabilitation is to protect the reconstruction while steadily progressing towards and ultimately achieving pre-injury level of activity. The first step towards achieving this goal is to read this package before you have surgery in order to prepare yourself for the rehabilitation process.

**REHABILITATION**

Your rehab initially is a collective effort of you, your therapist, and your physician. However, due to the current restrictions place by the managed health care system, duration of your formal physical therapy may be limited. This will be discussed when you begin physical therapy. It is our goal to progress you to a point where you are fully educated and are able to continue with your rehab independently. Your insurance company may determine the end of your physical therapy. **THE END OF FORMAL PHYSICAL THERAPY DOES NOT SIGNIFY THE END OF YOUR REHAB.** A written exercise instruction packet will be provided for you upon discharge from formal physical therapy. If you are interested, other self-pay options will be made available to you as well.

**Posterolateral Corner Post-operative Rehabilitation Program**

The following is a protocol for postoperative patients following posterolateral corner reconstruction. The primary goal of this protocol is to protect the reconstruction while steadily progressing towards and ultimately achieving pre-injury level of activity. Please note this protocol is a guideline. Patients with additional surgery (i.e. cruciate ligament repair, meniscal repair) will progress at different rates. Achieving the criteria of each phase should be emphasized more than the approximate duration. If a patient should develop an increase in pain or swelling or decrease in motion at any time, activity should be decreased until problems are resolved. Please contact our office if there are any questions in regards to this protocol.

**PHASE I: IMMEDIATELY POSTOPERATIVE**

The immediate postoperative phase focuses primarily on motion, swelling reduction, and rest. The patient is expected to come to their first post-op visit with full knee extension (knee is completely straight). It is especially important the patient rest and refrain from normal activities during this phase so the patient can focus on healing and the home exercise program. The patient must continue to walk with the crutches and immobilizer until the physician or therapist advises the patient to discontinue use of them.

DURATION: approximately 0 – 2 weeks

ACTIVITIES:

 PROM/AAROM/AROM for knee flexion/extension limited to 0-90 degrees.

 Heel props, prone hangs, towel extensions for extension

 Heel and wall slides for flexion, prone knee flexion

 Isometrics

 Quad sets (0 degrees knee flexion)

 Hip adduction (0 and 45 degrees knee flexion)

 No active Hamstring exercises to protect biceps repair if performed.

 Straight leg raises

 All 4 planes

 With immobilizer until able to SLR without extensor lag

 Toe Touch Weightbearing with crutches and immobilizer

 Patella mobilizations

 Modalities and rest to control pain and inflammation

CRITERIA TO PROGRESS TO PHASE II:

1. Progressive decrease in swelling
2. AROM: 0 – 90 degrees
3. Independent SR without an extensor lag

**PHASE II: EARLY STRENGTHENING AND ROM**

The primary focuses of phase II are obtaining full knee motion The patient should have full knee motion and return of quadriceps function.

DURATION: approximately 2 – 6 weeks post-op

ACTIVITIES:

 AROM/AAROM/PROM to maintain full knee extension and progress flexion

 Functional strengthening

OKC exercises: SLR (all 4 planes, progressive resistance),

No active hamstring exercises to protect biceps repair if performed.

 Toe Touch Weightbearing.

 Modalities as needed to control pain and inflammation

CRITERIA TO PROGRESS TO PHASE III:

1. Continued progressive decrease in swelling
2. AROM equal B/L

**PHASE III: PROGRESSIVE STRENTHENING WITH NORMALIZATION OF GAIT**

During phase III the patient should be focusing on progressive strengthening and improving balance.

DURATION: approximately 6 – 12 weeks post-op

ACTIVITIES:

 Progressive functional strengthening

 Begin active hamstring exercises without resistance if biceps repair performed.

 Progress to WBAT.

 Stationary bike, treadmill

 Stairmaster

 Proprioception

 Maintain full ROM

 Modalities as needed to control pain and inflammation

CRITERIA TO PROGRESS TO PHASE IV:

1. Swelling <1 cm at knee joint line
2. Symmetrical prone ROM

**PHASE IV: ADVANCED STRENGTHENING AND FUNCTIONAL ACTIVITIES**

Phase IV focuses on continued strengthening and beginning to return to higher level activities. It is imperative the patient continues to focus on strengthening at this point to ensure full return to activitiy with the appropriate amount of strength.

DURATION: approximately 12-16 weeks post-op

ACTIVITIES:

 Progressive functional strengthening

 Begin resited hamstring exercises if biceps repair performed.

 Leg press (unilateral and bilateral)

 Squats: bilateral with barbell, unilateral with theraband

 Lunges: backward, side and traveling lunges; lunges with plyoball overhead

 WBAT.

 Stationary bike, treadmill

 Stairmaster

 Proprioception:

 “Plus” outline on mini tramp and/or floor: side – side, front – back, diagonals

 Jumping (approximately 12 – 16 weeks post-op)

 Hopping (approximately 16 – 20 weeks post-op)

 Maintain full ROM

CRITERIA TO PROGRESS TO PHASE V:

1. Pain free
2. Symmetrical ROM
3. No effusion
4. Single leg press 70% of noninvolved extremity with 1 rep max
5. Able to hop up and down on the involved extremity comfortably
6. Girth (7” above knee joint line) within 2 cm of non-involved extremity

**PHASE V: RETURNING TO FULL FUNCTION**

It is very important the patient continue with a strengthening program a minimum of 3 times per week until 6 months post-op to ensure 100% recovery. The recreational athlete should also participate in some agility training for a safe return to sport. For the high-level athlete, the patient may begin the progressive running program if the above criteria have been met. Cross training with biking and pool activities is also helpful at this point. The high-level athlete should focus on progressive strengthening, running, plyometric and pre-sport activities for the following 3 months, achieving full return to sport at approximately 6 months post-op.

CRITERIA FOR RETURN TO SPORTS (APPROXIMATELY 6 MONTHS POST-OP):

1. Pain free
2. Symmetrical ROM
3. No effusion
4. Single leg press equal bilateral with 1 rep max test
5. Jogging 2 miles pain free