

## Physical Therapy Protocol – Posterolateral Corner Reconstruction

**Diagnosis:** R / L Posterolateral Corner Reconstruction

**Date of Procedure:** \_\_\_\_\_

**Frequency:** 2-3 Times Per Week for \_\_\_\_ weeks

- **Phase 1: 0-6 weeks: Protection**
  - NWB 6 weeks Avoid tibial rotation, hyperextension and varus force to the knee.
  - Hinged knee brace locked in extension for ambulation and sleeping x 6 weeks.
  - *\*\*If PCL reconstruction dynamic knee brace used for 6 months ROM 0-90 for weeks 0-2, then progress as tolerated. Emphasize maintenance of full extension.*
  - *\*\*If PCL reconstruction, perform ROM in prone position to avoid tension on PCL graft via posterior tibial glide from gravity.*
  - *\*\*If PCL reconstruction, NO active knee flexion and open chain hamstring isometrics x 8 weeks*
- **Exercises:**
  - ROM:
    - Wall slides/supine heel slide with strap
    - Seated knee flexion with contralateral LE assist
    - *\*\*If PCL reconstruction perform prone knee flexion PROM with strap.*
- **Neuromuscular Control:**
  - Quad Set, Prone TKE, SLR in brace
  - Use of NMES if insufficient volitional quad activation.
  - Quad isometrics at 90, 60, 30 and 0 deg knee flexion
  - S/L hip ABD in brace Prone hip ext in brace
  - Ankle mobility and resisted motions in all planes in supine, long sit or seated position.
  - Supine and seated core stabilization.
  - Seated/supine anti rotation/paloff
  - Supine core isometrics with UE and LE dissociative movements.
- **Criterion to progress:**
  - Pain free ROM 0-90
  - Pain/swelling controlled
  - SLR without extensor lag
- **Phase 2: 6-12 weeks:**
  - Restore ROM and strength
  - No kneeling for 12 weeks post op.
  - Progress to PWB and then FWB/wean off assistive device
  - Discharge crutches then brace when adequate quad activation/strength
  - *\*If PCL reconstruction keep dynamic brace for 6 months*
  - *Ie. No extension lag with SLR, no knee buckling with weight shifting*
  - **ROM:**
    - Stationary bike
  - **Proprioception and balance:**
    - Initiate balance training
  - **Strengthening:**
    - Closed chain functional exercise
    - Mini squat, Step up, lunging in sagittal plane (no flexion >70 deg)
    - Bridge
    - Side steps
    - Keep band proximal to minimize varus force on knee
    - Core strength and endurance
  - **Criterion to progress:**
    - Pain free, non-antalgic gait without AD for limited distances
    - PROM normalized to contralateral side 100%
    - Dynamometry 80% compared contralaterally with muscle testing

Jourdan M. Cancienne, M.D.

Orthopaedic Surgery Sports Medicine, Cartilage Restoration, and Shoulder  
Southern Orthopaedic Specialists  
2731 Napoleon Ave, New Orleans, LA 70115  
(504) 897-6351



- **Phase 3 12-20 weeks:**
  - Restore dynamic strength and begin plyometrics
  - Initiate transverse plane and multiplanar motions
  - Initiate plyometrics
  - Restore power
- **Criterion to progress:**
  - Y balance test >90%
  - 60 sec continuous SL squat to 60 deg without femoral and lumbo-pelvic compensations
  - Plank and side plank 60 sec without compensations
  - Dynamometry 90% compared contralaterally with muscle testing
  - Return to PLOF with minimal symptoms
- **Phase 4: Return to sport**
  - AlterG initiated at 20 weeks for running Full body running at 24 weeks
  - Sport specific dynamic exercises
  - \*\*If PCL reconstruction, discharge dynamic brace if kneeling stress X-rays demonstrate less than 2mm of difference