

Postoperative Rehabilitation Protocol for Posterolateral Corner (PLC) Reconstruction w/ or w/o PCL

**Physical Therapy should be started within a week after surgery*

Phase 1: Postoperative weeks 0-6

- Precautions / Restrictions
 - Non-Weight bearing for 6 weeks
 - Avoid tibial rotation, hyperextension, and varus force to the knee
 - Hinged knee brace locked in extension for ambulation for 6 weeks. Otherwise should be unlocked once nerve block wears off
 - Should be worn at all times
 - ****If PCL reconstruction**
 - *Perform ROM in prone position to avoid tension on PCL graft via posterior tibial glide from gravity*
 - *NO active knee flexion or open chain hamstring isometric for 8 weeks*
- Range of Motion
 - 0-90 degrees for 2 weeks. Then progress as tolerated
 - Emphasize maintenance of full extension
 - Wall slides/supine heel slide with strap
 - Seated knee flexion with contralateral LE assist
 - **If PCL reconstruction, perform prone knee flexion, PROM with strap**
- Strengthening
 - Quad sets, prone TKE, SLR in brace
 - Use of NMES if insufficient volitional quad activation
 - Quad isometrics at 90, 60, 30, and 0 degrees of knee flexion
 - Supine & lateral hip abduction in brace
 - Prone hip extension in brace
 - Ankle mobility and resisted motions in all planes in supine or seated position
 - Supine and seated core stabilization
 - Supine core isometrics with UE and LE dissociative movements
- Modalities PRN
- Criteria to progress:
 - Pain free ROM 0-90
 - Pain/swelling controlled
 - SLR without extensor lag

Phase 2: Postoperative weeks 6-12

- Precautions / Restrictions
 - No kneeling for 12 weeks postoperatively
 - Progress to partial weight bearing and then WBAT. Wean off crutches
 - Discontinue crutches and then brace with adequate quad activation / strength
 - **If PCL reconstruction, keep dynamic brace for 6 months (if used)**

- Range of Motion
 - Progress / maintain ROM
 - Stationary bike
- Strengthening
 - Initiate balance training
 - Closed chain functional exercise
 - Mini-squats, step ups, lunging in sagittal plane (no flexion >70 degrees)
 - Bridges
 - Side steps – Keep band proximal to minimize varus force on knee
 - Core strength and endurance
- Modalities PRN
- Criteria to progress
 - Pain free, non-antalgic gait
 - PROM normalize to contralateral side
 - Dynamometry 80% contralaterally with muscle testing

Phase 3: Postoperative weeks 12-20

- Goals
 - Restore dynamic strength and begin plyometrics
- Range of Motion
 - Maintain full ROM
- Strength
 - Initiate transverse plane and multiplanar motions
 - Initiate plyometrics
 - Restore power
- Modalities PRN
- Criteria to progress
 - Y balance test > 90%
 - 60 second continuous single-leg squat to 60 degrees without femoral and lumbo-pelvic compensations
 - Plank and side-plank 60 seconds without compensations
 - Dynamometry 90% compared contralaterally with muscle testing
 - Return to prior level of function with minimal symptoms

Phase 4: Postoperative weeks 20+

- Goal: Return to sport
- AlterG initiated at 20 weeks for running
- Full body running at 24 weeks
- Sport specific dynamic exercises
- **If PCL reconstruction, discontinue dynamic brace at 6mo (if used)**