

**Kristofer E. Chenard, M.D.**  
**Post-Operative Rehabilitation Prescription for**  
**ACL, PCL, PLC, MCL Reconstruction**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

**EARLY PHASE (Weeks 0-4)**

Weight Bearing and Range of Motion

- o 0-6 weeks: toe-touch weight bearing w/ crutches
- o ROM: A/AAROM 0-90 as tolerated

Brace Use:

- o Locked in full extension at all times other than PT

Therapeutic Elements:

- o Modalities as needed
- o Patella Mob; SLR's with electric stim.; co-contractions
- o Estim; Cocontractions
- o No abduction of hip or leg at any time.
- o No prone hangs, active hamstring contraction/strengthening - protect PCL reconstruction

Goals:

- o a/aa/ROM: 0-0-90
- o Control pain/swelling
- o Quad control

**RECOVERY PHASE (Weeks 5-8)**

Weight Bearing and Range of Motion:

- o Discontinue crutches at week 6

Brace Use:

- o At all times, open to AROM; discontinue at week 8

Therapeutic Elements:

- o Continue above
- o Gentle hip abduction with no resistance below knee
- o Wall-sits 0-45
- o Mini-squats with support 0-45
- o NO Carpet drags or hamstring strengthening permitted yet
- o Pool therapy
- o Treadmill walking by 8 weeks

Goals:

- o a/aa/ROM: 0-0-110 by 6 weeks and free by 8 weeks
- o SLR x 30
- o No effusion

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**STRENGTHEN PHASE (Weeks 8-12)**

Weight Bearing and Range of Motion:

- o Full

Therapeutic Elements:

- o Continue above with increased resistance
- o Step-downs
- o Treadmill
- o Stretching
- o Begin prone hangs and hamstring strengthening

Goals:

- o Walk 1-2 miles at 15 min/mile pace

**REINTEGRATION PHASE (Months 3-5)**

Weight Bearing and Range of Motion:

- o Full

Brace Use:

- o None
- o If return to sport, fitting for custom brace by 5 months
- o Can start jogging/running at 6 months

Therapeutic Elements:

- o Slide boards
- o Begin agility drills
- o Figure 8's
- o Gentle loops
- o Large zig-zags
- o Swimming
- o Begin plyometrics at 4 months

Goals:

- o Treadmill (walk 1-2 miles at 10-12 min/mile pace)
- o Return to competitive sports 9-12 months at physician direction

Frequency: \_\_\_\_\_ times per week Duration: \_\_\_\_\_ weeks

Signature: \_\_\_\_\_

Date: \_\_\_\_\_