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Post-Operative Rehabilitation Prescription for

Anterior Cruciate Ligament and Posterolateral Corner 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, prone hangs
- o Estim; Cocontractions
- o No abduction of hip or leg at any time.

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 Progress to full weight bearing and begin to wean 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 Carpet drags (not with PCL reconstruction!!)
- 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

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 HSL (if PCL reconstruction)

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 activities at 6-9 months per physician

Frequency: _____ times per week Duration: _____ weeks

Signature: _____

Date: _____