

Kristofer E. Chenard, M.D.
Post-Operative Rehabilitation Prescription for
Posterolateral corner and/or MCL Reconstruction for Stage I Treatment
of Knee dislocation

Name: _____

Date: _____ Diagnosis: _____

Date of Surgery: _____

EARLY PHASE (Weeks 0-4)

Weight Bearing and Range of Motion

- o 0-6 weeks: Non weight bearing w/ crutches
- o ROM: A/AAROM 0-30 weeks 1-2, 0-60 weeks 2-4, 0-90 week 4-6

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

****** Second Stage ACL/PCL reconstruction to be performed between weeks 6-12 depending on motion and therapy progression**

Frequency: _____ times per week Duration: _____ weeks

Signature: _____

Date: _____