



Posterolateral Corner Reconstruction Rehab Protocol

Phase I: Preoperative period

The goal is to regain full ROM, strength and decrease swelling.

Phase II: 0-4 weeks post op

The goal is to achieve gentle ROM from 10-90 degrees under careful and controlled conditions specifically avoiding hyperextension, or varus loads to the knee.

- The patient is non-weight bearing in a locked 10 degree flexion brace or bivalved cast.
- The brace or cast is removed 6-8 times per day for gentle active assist and active ROM exercises in the 10-90 degree range.
- Physical Therapist to bring knee to 5 degrees, carefully preventing varus and hyperextension.
- May exercise with quad/ham sets, 10 degree flexion leg raises, patella mobilization and ankle pumps.

Phase III 4-12 weeks

The goal is to progressively regain normal ambulation and start gentle strengthening program. The patient is now placed in an unlocked double-upright brace.

- During the **5th** to **8th** post-op week the therapist is to gently increase motion to 0-110 degrees. Motion is gradually increased to 0-130 degrees by the **12th** week.
- Weight bearing is progressed 25 lbs. 4-6 weeks, 50% weight bearing 6-12 weeks.
- The patient is taught to walk with normal knee flexion during the gait cycle. Patients instructed to avoid knee varus and hyperextension.
- May exercise with progressive gentle closed chain exercises with the above precautions and attempts to regain 0-135 degrees of knee motion.

Phase IV 12 weeks to 9 months

The goal is progressive strengthening, regaining normal proprioception and functional based exercises.

- Continue use of brace full time but only uses crutches for deficit in normal ambulation.
- Hyperextension is to be avoided for 6 months after surgery.
- Progressive exercises as used in ACL rehabilitation may be used to meet the above goals. Any deficits in ROM or strength must be aggressively treated.