

Posterolateral Corner Reconstruction / Repair Protocol

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 1 2 3 4 5 times/week

Duration: 1 2 3 4 5 6 weeks

Side: R / L

Evaluate only Provide home exercise program (HEP)

Evaluate and Treat

PHASE 1: Period of protection; Weeks 0 - 6

- Toe-touch-weight bearing with brace locked in extension with crutches
- Brace locked in extension while sleeping; Obtain full extension
- Begin range-of-motion at 2 weeks post-op 0° - 90°
- **Avoid varus stress at knee, avoid tibial external rotation**

Therapeutic Exercise

Patellar mobs, SLR with brace locked in extension until no extensor lag, quad sets, NWB heel cord stretch, ankle pumps

PHASE 2: Weeks 6 - 8

- 50% partial weight-bearing with crutches
- Active and passive NWB range-of-motion 0-135°
- No weight-bearing with any knee flexion
- Continue brace while sleeping

Continue phase 1, SLR without brace if no extensor lag, stationary bike without resistance begins at 4 weeks post-op

PHASE 3: Weeks 8 - 12

- Weight-bearing as tolerated without crutches
- d/c brace while sleeping
- d/c brace while walking
- Ensure full motion

Short-arc (0-45°) closed-chain exercises, mini-squats, 0-60° low resistance leg press, toe raises, hamstring sets may begin, begin proprioception, core strengthening

PHASE 4: Weeks 12 and beyond

- May begin jogging and progress to running
- Return to sport specific training at 4 months
- Maintenance strengthening, flexibility
- Return to sport without restrictions around 5 to 6 months

Sport-specific training, maintenance strengthening for core, hip abduction, hip extension, quads, hamstring, gastroc, flexibility, plyometrics, proprioception

Comments:

Modalities: ___ Per therapist ___ Electrical Stimulation ___ Ultrasound ___ Heat before/after ___ Ice before/after

___ Aquatherapy ___ Massage ___ Trigger points ___ ART (Active release techniques) Other _____

Signature _____ Date _____