

## Accelerated Rehabilitation Following PCL- PTG Reconstruction & Posterolateral Corner Reconstruction

### I. PREOPERATIVE PHASE

**Goals:** Diminish inflammation, swelling, and pain  
Restore normal range of motion (gradual knee extension)  
Restore voluntary muscle activation  
Provide patient education to prepare patient for surgery

**Brace** – Elastic wrap or knee sleeve to reduce swelling

**Weight Bearing** – As tolerated with or without crutches

**Exercises:**

- \*Ankle Pumps
- \*Passive knee extension (gradual progression)
- \*Passive knee flexion to tolerance
- \*Straight Leg Raises (3 Way, Flexion, Abduction), Pillow Squeezes
- \*Quadriceps Setting
- \*Closed kinetic chain exercises: mini squats, lunges, step-ups

**Muscle Stimulation** – Electrical muscle stimulation to quadriceps during voluntary quadriceps exercises (4 to 6 hours per day)

#### **Neuromuscular/Proprioception Training -**

- Eliminate quad avoidance gait
- Retro stepping drills
- Joint repositioning (passive/active repositioning)

**Cryotherapy/Elevation** – Apply ice 20 minutes of every hour, elevate leg with knee in full extension (knee must be above heart)

**Patient Education** – Review postoperative rehabilitation program  
Review instructional video (optional)  
Select appropriate surgical date

### II. IMMEDIATE POST-OPERATIVE PHASE (Day 1 to Day 7)

**Goals:** Gradual passive knee extension  
Diminish joint swelling and pain  
Restore patellar mobility  
Gradually improve knee flexion  
Re-establish quadriceps control  
Restore independent ambulation

#### **Postoperative Day 1**

**Brace** – EZ Wrap brace/Immobilizer applied to knee, locked in full extension during ambulation

**Weight Bearing** – Two crutches, weight bearing as tolerated

**Exercises:**

- \*Ankle pumps
- \*Overpressure into passive knee extension
- \*No Active knee flexion – passive knee flexion only
- \*Straight leg raises (Flexion, Abduction), Pillow Squeezes
- \*Quadriceps isometric setting
- \*Hamstring stretches
- \*Closed kinetic chain exercises: mini squats, weight shifts

**Muscle Stimulation** – Use muscle stimulation during active muscle exercises (4-6 hours per day)

**Continuous Passive Motion** – As needed, 0 to 45/50 degrees (as tolerated and as directed by physician)

**Ice and Evaluation** – Ice 20 minutes out of every our and elevate with knee in full extension

### **Postoperative Day 2 to 3**

**Brace** – EZ Wrap brace/Immobilizer, locked at zero degrees extension for ambulation and unlocked for sitting, etc.

**Weight Bearing** – Two crutches, weight bearing as tolerated

**Range of Motion** – Remove brace perform range of motion exercises 6-8 times per day  
Perform frequent bouts of ROM to regain knee flexibility

**Exercises:**

- \*Multi-angle isometrics at 90 and 60 degrees (knee extension)
- \*Knee Extension 90-40 degrees
- \*Overpressure into extension (knee extension should be at least 0 degrees)
- \* Emphasize restoring knee extension
- \*Patellar mobilization
- \*Ankle pumps
- \*Straight leg raises, Pillow Squeezes
- \*Mini squats and weight shifts
- \*Quadriceps isometric setting

**Muscle Stimulation** – Electrical muscle stimulation to quads (6 hours per day)

**Continuous Passive Motion** – 0 to 90 degrees, as needed

**Ice and Evaluation** – Ice 20 minutes out of every hour and elevate leg with knee in full extension

### **Postoperative Day 4 to 7**

**Brace** – EZ Wrap brace/Immobilizer, locked at zero degrees extension for ambulation and unlocked for sitting, etc.

**Weight Bearing** – Two Crutches weight bearing as tolerated

**Range of Motion** – Remove brace to perform range of motion exercises 6-8 times per day, knee flexion 90 degrees by day 5, approximately 100 degrees by day 7

**Exercises:**

- \*Multi-angle isometrics at 90 and 60 degrees (knee extension)
- \*Knee Extension 90-40 degrees
- \*Overpressure into extension
- \*Patellar mobilization (5-8 times daily)
- \*Ankle pumps
- \*Straight leg raises, Pillow Squeezes
- \*Mini squats and weight shifts
- \*Quadriceps isometric setting
- \*Proprioception and balance activities

**Neuromuscular training/proprioception** – OKC passive/active joint repositioning at 90, 60 degrees

CKC squats/weight shifts with repositioning on sports RAC

**Muscle Stimulation** – Electrical muscle stimulation (continue 6 hours daily)

**Continue Passive Motion** – 0 to 90 degrees, as needed

**Ice and Elevation** – Ice 20 minutes of every hour and elevate leg with knee full extension

## II. **EARLY REHABILITATION PHASE (Week 2-4)**

### **Criteria to Progress to Phase II**

- 1) Quad Control (ability to perform good quad set and SLR)
- 2) Full passive knee extension
- 3) PROM 0-90 degrees
- 4) Good patellar mobility
- 5) Minimal joint effusion
- 6) Independent ambulation

**Goals:** Gradual increase to full passive knee extension  
Gradually increase knee flexion  
Diminish swelling and pain  
Muscle control and activation  
Restore proprioception/neuromuscular control  
Normalize patellar mobility

### **Week 2**

Brace – Continue locked brace for ambulation

Weight Bearing – As tolerated (goal is to discontinue crutches 10-14 days post-op)

Passive Range of Motion – Self-ROM stretching (6-8 times daily), emphasis on maintaining full, passive range of motion

**Exercises:**

- \*Muscle stimulation to quadriceps exercises
- \*Isometric quadriceps sets
- \*Straight Leg raises (4 planes)
- \*Leg Press (0-60 degrees)
- \*Knee extension 90-40 degrees
- \*Half squats (0-40)
- \*Weight shifts
- \*Front and side lunges
- \*Uni-cam bicycle (low intensity cycling)
- \*Proprioception training
- \*Overpressure into extension
- \*Passive range of motion from 0 to 105 degrees
- \*Patellar mobilization
- \*Well leg exercises

**\*Progressive resistance extension program** – start with 1 lb., progress 1 lb. per week

#### **Proprioception/Neuromuscular Training**

- \*OKC passive/active joint repositioning 90, 60, 30 degrees
- \*CKC joint repositioning during squats/lunges
- \*Initiate squats

**Swelling control** – Ice, compression, elevation

#### **Week 3**

**Brace** – Discontinue locked brace (some patients use ROM brace for ambulation)

**Passive Range of Motion** – Continue range of motion stretching and overpressure into extension (ROM should be 0-100/105 degrees)

**Exercises:**

- \*Continue all exercises as in week two
- \*Passive Range of Motion 0-105 degrees
- \*Bicycle for range of motion stimulus and endurance (emphasize ROM on bike)
- \*Pool walking program (if incision is closed)
- \*Eccentric quadriceps program 40-100 (isotonic only)
- \*Lateral lunges (straight plane)
- \*Front Step Downs
- \*Lateral Step-Overs (cones)
- \*Progress Proprioception drills, neuromuscular control drills
- \*Frequent bouts of ROM exercises

### **III. PROGRESSIVE STRENGTHENING/NEUROMUSCULAR CONTROL PHASE (Wk 4-10)**

#### **Criteria to Enter Phase III**

- 1) Active Range of Motion 0-115 degrees
- 2) Quadriceps strength 60 % > contralateral side (isometric test at 60 degree knee flexion)
- 3) Unchanged KT Test bilateral values (+1 or less)
- 4) Minimal to no full joint effusion
- 5) No joint line or patellofemoral pain

**Goals:** Restore full knee range of motion (0 to 125 degrees)  
Improve lower extremity strength  
Enhance proprioception, balance, and neuromuscular control  
Improve muscular endurance  
Restore limb confidence and function

**Brace** – No immobilizer or brace, may use knee sleeve to control swelling/support

**Range of Motion** – Self-ROM (4-5 times daily using the other leg to provide ROM), emphasis on maintaining zero degrees passive extension  
- PROM 0-125 degrees at 4 weeks

**KT 2000 Test** – (Week 4, 20 lb. anterior and posterior test)

#### Week 4

**Exercises:**

- \*Progress isometric strengthening program
- \*Leg Press (0-100 degrees)
- \*Knee extension 90 to 40 degrees
- \*Hip Abduction and Adduction
- \*Hip Flexion and Extension
- \*Lateral Step-Overs
- \*Lateral Lunges (straight plane and multi-plane drills)
- \*Lateral Step Ups
- \*Front Step Downs
- \*Wall Squats
- \*Vertical Squats
- \*Standing Toe Calf Raises
- \*Seated Toe Calf Raises
- \*Biodex Stability System (Balance, Squats, etc)
- \*Proprioception Drills
- \*Bicycle
- \*Stair Stepper Machine
- \*Pool Program (Backward Running, Hip and Leg Exercises)

#### **Proprioception/Neuromuscular Drills**

- Tilt board squats (perturbation)
- Passive/active reposition OKC
- CKC repositioning on tilt board
- CKC lunges

#### Week 6

**KT 2000 Test** – 20 and 30 lb. anterior and posterior test

**Exercises:**

- \*Continue all exercises
- \*Pool running (forward) and agility drills
- \*Balance on tilt boards
- \*Progress to balance and ball throws
- \*Wall slides/squats

**Week 8**

**KT 2000 Test** – 20 and 30 lb. anterior and posterior test

- Exercises:**
- \*Continue all exercises listed in Weeks 4-6
  - \*Leg Press Sets (single leg) 0-100 degrees and 40-100 degrees
  - \*Plyometric Leg Press
  - \*Perturbation Training
  - \*Isokinetic exercises (90 to 40 degrees) (120 to 240 degrees/second)
  - \*Walking Program
  - \*Bicycle for endurance
  - \*Stair Stepper Machine for endurance
  - \*Biodex stability system

**Week 10**

**KT 2000 Test** – 20 and 30 lb. and Manual Maximum Test

**Isokinetic Test** – Concentric Knee Extension/Flexion at 180 and 300 degrees/second

- Exercises:**
- \*Continue all exercises listed in Weeks 6, 8 and 10
  - \*Plyometric Training Drills
  - \*Continue Stretching Drills
  - \*Progress strengthening exercises and neuromuscular training

**IV. ADVANCED ACTIVITY PHASE (Week 10-16)**

**Criteria to Enter Phase IV**

- 1) AROM 0-125 degrees or greater
- 2) Quad strength 75% of contralateral side, knee extension flexor:extensor ratio 70% to 75%
- 3) No change in KT values (Comparable with contralateral side, within 2 mm)
- 4) No pain or effusion
- 5) Satisfactory clinical exam
- 6) Satisfactory isokinetic test (values at 180 degrees)
  - Quadriceps bilateral comparison 75%
  - Hamstrings equal bilateral
  - Quadriceps peak torque/body weight 65% at 180°/s (males) 55% at 180°/s (females)
  - Hamstrings/quadriceps ratio 66% to 75%
- 7) Hop Test (80% of contralateral leg)
- 8) Subjective knee scoring (modified Noyes System) 80 points or better

**Goals:** Normalize lower extremity strength  
 Enhance muscular power and endurance  
 Improve neuromuscular control  
 Perform selected sport-specific drills

- Exercises:**
- \*May initiate running program (weeks 10-12) if good quad control and ROM
  - \*May initiate light sport program (golf)

- \*Continue all strengthening drills
  - Leg press
  - Wall squats
  - Hip Abd/Adduction
  - Hip Flex/Ext
  - Knee Extension 90-40
  - Initiate hamstring curls
  - Standing toe calf
  - Seated toe calf
  - Step down
  - Lateral step ups
  - Lateral lunges
- \*Neuromuscular training
  - Lateral step-overs cones
  - Lateral lunges
  - Tilt board drills
  - Sports RAC repositioning on tilt board

### **Week 14-16**

- \*Progress program
- \*Continue all drills above
- \*May initiate lateral agility drills
- \*Backward running

## **V. RETURN TO ACTIVITY PHASE (Week 16-22)**

### **Criteria to Enter Phase V**

- 1) Full Range of Motion
- 2) Unchanged KT 2000 Test (within 2.5 mm of opposite side)
- 3) Isokinetic Test that fulfills criteria
- 4) Quadriceps bilateral comparison (80% or greater)
- 5) Hamstring bilateral comparison (110% or greater)
- 6) Quadriceps torque/body weight ratio (55% or greater)
- 7) Hamstrings/Quadriceps ratio (70% or greater)
- 8) Proprioceptive Test (100% of contralateral leg)
- 9) Functional Test (85% or greater of contralateral side)
- 10) Satisfactory clinical exam
- 11) Subjective knee scoring (modified Noyes System) (90 points or better)

**Goals:** Gradual return to full-unrestricted sports  
Achieve maximal strength and endurance  
Normalize neuromuscular control  
Progress skill training

**Tests** – KT 2000, Isokinetic, and Functional Tests before return

**Exercises**

- \*Continue strengthening exercises
- \*Continue neuromuscular control drills
- \*Continue plyometrics drills
- \*Progress running and agility program
- \*Progress sport specific training
  - Running/cutting/agility drills
  - Gradual return to sport drills

**6 MONTH FOLLOW-UP**

Isokinetic test  
KT 2000 test  
Functional test

**12 MONTH FOLLOW-UP**

Isokinetic test  
KT 2000 test  
Functional test