

**POSTEROLATERAL CORNER RECONSTRUCTION (PLC) ± ANTERIOR CRUCIATE LIGAMENT (ACL)
RECONSTRUCTION
POST-OP INSTRUCTIONS AND REHAB PROTOCOL**

This protocol has been developed for the patient following posterolateral corner reconstruction (PLC) with or without ACL reconstruction. This protocol may vary in length, aggressiveness and return to sports/activities depending on factors such as: concomitant procedures or additional injuries, primary vs revision surgery, pre-operative function, rehabilitation goals and expectations.

The goal of this rehabilitation plan is to facilitate return to the pre-injury level of function. Return to activity and sports depend upon multiple factors. Return to sports and cutting activities is allowed after the patient achieves adequate flexibility, strength and endurance of the knee that is equal to at least approximately 90% of the other side. Generally this occurs around 9-12 months from the time of the operation.

For Patients at a glance

- a. **Take 1 tablet (325 mg) of aspirin per day**, starting the day after surgery and continuing for **2 weeks**. This is done to decrease the risk of blood clots.
- b. Dressing may be removed 3 days after surgery, but keep the steri-strips in place. Try to keep the wound as dry as possible until follow-up.
- c. It is ok to shower after surgery, but keep the dressings and incision wrapped with saran wrap or something similar. When in the shower, do not scrub or soak the incisions. Just let soap/water run over the knee and pat dry. Do not submerge incisions in bath or pool until fully healed (3-4 weeks).
- d. After surgery, the first few days are generally spent recovering and resting. When resting, work on calf pumps (moving your ankle up and down) several times per hour. This helps reduce swelling in the leg and decrease the chance of blood clots.
- e. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the leg the first few days after surgery as a result.
- f. Take the prescribed pain medications as directed. You can supplement your pain control with ice, elevation of the affected extremity and over-the-counter Tylenol and ibuprofen if needed, making sure to follow the dosage as recommended on the bottle. Use ice 20-30 minutes every 1-2 hours.
- g. **Weight Bearing: Strict toe touch weight bearing** on the operative leg x **4 weeks**. The brace needs to be locked in extension at all times for ambulation for the first 2 weeks. From **weeks 4-6** you will be **50% weight bearing**. Your therapist will teach you how to do this. After week 6 you will be full weight bearing.

- h. **Brace/ROM:** should be worn at all time except for showering and exercises. The brace is locked in extension for walking for the first 2 weeks. When sitting, you may unlock the brace by pushing the tabs down to allow range of motion from **0-60 degrees** for the **first 2 weeks**. **Weeks 2-6 Brace will be set 0-90 degrees** and no longer needs to be locked for walking. Wean off brace after week 6.
- i. **Physical Therapy:** You can do your physical therapy where you prefer. Call to schedule your first physical therapy appointment within 7-10 days following surgery.
- j. Return to driving. There is no conclusive data to guide the exact time when it is safe to return to driving. You cannot drive while still on narcotic pain medications. In general, there should be adequate range of motion of the knee, minimal pain/swelling, and enough strength in the leg to allow you to quickly brake if needed.

For Physical Therapists

- I. **Rehabilitation Protocol 0-4 Weeks Post-Op**
 - a. **Range of motion:**
 - i. **Weeks 0-2: 0-60 degrees.** Lock the brace for ambulation x 2 weeks
 - i. **Weeks 2-4: 0-90 degrees of range of motion,** unlock brace for ambulation
 - ii. No knee flexion > 90 degrees x 6 weeks.
 - b. **Weight Bearing**
 - i. **Weeks 0-4: toe touch weight bearing.** Your foot may touch the floor to keep you balanced, but you should not put any additional weight on the leg
 - ii. **Weeks 4-6: 50% weight bearing**
 - c. **Brace:**
 - i. Locked in extension for ambulation x 2 weeks
 - ii. Wear the brace for the first 6 weeks set to ROM as above
 - d. Prone hangs
 - e. Straight leg raises may be done in brace initially
 - f. Active knee extension and closed chain quad activity may begin at 4 weeks post-op
 - g. **Avoid hamstring exercises strengthening for 6 weeks postoperatively**
 - h. Patellar mobilization emphasis superior glides
 - i. Gastroc-soleus stretch
 - j. Side-lying hip/core
 - k. Modalities: cryotherapy, electrical stimulation, edema control, etc.
- II. **4-6 Weeks Post-Op**
 - a. **Range of motion: 0-90 degrees**
 - b. **Weight Bearing:** 50% weight bearing with crutches

- c. **Brace:** continue brace use unlocked for ambulation.
- d. Begin active knee extension and closed chain quad exercises
- e. Isometrics, SLR, quad sets, side lying hip abduction
- f. Continue modalities

III. 6-12 weeks Post-Op

- a. **Begin unrestricted range of motion**
- b. **Full weight bearing**, restore normal gait mechanics
- c. **Brace:** Can discontinue brace
- d. Continue previous exercises
- e. **Begin hamstring exercises**
- f. Stationary bike
- g. Advance hip/core strengthening
- h. Balance/Proprioception exercises
- i. Mini Squats, Standing 4 way hip exercises, leg press, standing calf raises

IV. 12-24 Weeks Post-Op

- a. Continue all exercises from earlier protocol
- b. Progress proprioception exercises
- c. Isokinetic quadriceps exercises
- d. **May begin light jogging program.** First treadmill, than progress to hard surfaces
 - i. Do not start running sooner than 12 weeks
 - ii. Can start jogging program if quad control/strength/swelling/motion allows
 - iii. **No full speed running/cutting activities**
- e. Plyometric program (16 weeks)
- f. Initiate functional program with sport specific drills (20 weeks)

V. 24 Weeks Post-Op and Beyond

- a. **Progress slowly through cutting/lateral movement exercises**
- b. Continue advanced strengthening
 - i. Full arc progressive resistance exercises-emphasize quads
- c. Progress running and swimming programs
 - i. Ok for in-line full speed running
- d. Progress plyometrics program
- e. Progress sport training program
- f. Progress neuromuscular/functional program
- g. Agility drills
- h. Isokinetic test at 60°/second, 180°/second, 240°/second as available
- i. Modalities as needed

VI. Return to competitive sports and full speed cutting activities

- a. You need to be cleared by Dr. Hazelwood and athletic trainer
- b. In general this is usually between 9-12 months
- c. Return to sports and cutting activities is allowed after the patient achieves adequate flexibility, strength and endurance of the knee that is equal to at least approximately 90% of the other side. In some cases we may use other objective testing such as Isokinetic testing and/or hop testing.