

Posterolateral Corner Reconstruction
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General Guidelines

- ◆ This protocol can be combined with ACL/PCL reconstruction protocols adhering to all restrictions for each protocol
- ◆ Patient remains in brace in full extension during 1st 6 weeks postoperatively other than when working on knee ROM or performing quadriceps exercises.
- ◆ Avoid open-chain hamstring exercises until 4 months postoperatively

Precautions

- ◆ Progress from NWB to PWB to WBAT (in extension ONLY) by 6 weeks (protect PLC reconstruction and medial meniscal repair)
- ◆ Achieve and maintain full extension
- ◆ Flexion ROM Goals: 0°-45° by Week 3-4, 0°-90° by Week 6, Full ROM by Week 8

Phase 1: Week 0 to Week 8

Weight-bearing/Brace

- ◆ Non Weight-Bearing x Weeks 0–2. Ok to unlock brace from 0°-30° during ambulation (to allow foot clearance with crutch use)
- ◆ Begin Partial Weight-Bearing (20-40 lbs) at Week 3 (In full extension, brace on and locked). This continues thru the end of Week 4
- ◆ Ok to advance to WBAT by week 5-6, with brace on/locked in full extension

Exercise

- ◆ Quad strengthening with straight-leg raises and isometrics. SLR in 3 planes and quadriceps isometric
- ◆ Core (lumbopelvic and hip) stabilization exercises in knee immobilizer that do not increase knee forces in varus, hyperextension, or external rotation
- ◆ Patellar mobility and swelling/inflammation control
- ◆ Obtain and maintain full extension
- ◆ Electrical stimulation for quads if needed.
- ◆ Ok to begin stationary bike after Week 4 (when patient has flexion at 90° or greater). Begin with 5 minutes every other day and increase to goal of 20 minutes/day

Motion

- ◆ At Week 3, begin AROM to gain flexion.
- ◆ Start with prone exercises and then progress to flexion in the seated position
- ◆ Goal: 0°- 45° by Week 3, 0°- 90° by Week 6, 0°-120° by Week 8

Phase 2: Week 9 to Week 14

Weight-bearing/Brace

- ◆ WBAT (in brace, in extension) from Week 5-6
 - ◆ WBAT out of brace by Week 9: Begin to unlock TROM with WB in Weeks 7 and 8.
 - ◆ **Goal**: Discontinue brace (and transition to a functional brace) by Week 9 or 10.
- Normal gait pattern by week 12-13,
- ◆ **Goal**: Full WB, full ROM and progress to a more functional program

Motion: Obtain and maintain full ROM

Exercise

- ◆ Initiate proprioceptive training
- ◆ Initiate step-ups
- ◆ Begin closed chain exercise and continue strengthening
- ◆ Closed chain: Double-limb squat, lunges, single-limb squat, etc. All exercises performed initially at less than 70° of knee flexion

Phase 3: Month 4 to Month 6

Goals: Improve quadriceps strength and function, increase endurance, improve coordination, and improve proprioception.

Exercise

- ◆ Walking program: 20 to 30 minutes daily with a medium to brisk pace. Add 5 minutes per week.
- ◆ Resistance can be added to bicycling as tolerated. Biking done 3 to 5 times per week for 20 minutes, and the lower extremities should feel fatigued post biking.
- ◆ Advanced closed kinetic chain exercise progression: addition of unstable surface, movement patterns, resistance, etc.
- ◆ **Begin gradual treadmill running**. Return to run program once patient is able to perform 20 repetitions of involved lower extremity single-limb squatting to greater than 60° of knee flexion with good control.
- ◆ Plyometric progression: supported jumping, jumping, leaping, hopping, etc.

Phase 4: Month 6 and Beyond

Goals: Achieve maximum strength of operative extremity

- ◆ Maintenance of home exercise program 3 to 5 times per week.

Note: Physician will give clearance for cutting, pivoting and sports simulation activities as appropriate. This is based on favorable outcomes with imaging and clinical exam findings, and functional progression with therapy.

- ◆ Functional testing performed: A progressive RTP program initiated if limb symmetry index > than 85% with functional testing + satisfactory stress x-rays
- ◆ Return to sports or heavy labor permitted at 7-9 months post-op, when patient achieves quad strength 80-85% of unaffected leg + sufficient proprioceptive control

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