

**ACL AND POSTEROLATERAL CORNER RECONSTRUCTION
REHABILITATION PROTOCOL
Dr Aukerman (Revised 3/22/18)**

ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:

- Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member how to don/doff stocking
 - May discharge when no swelling or effusion- typically 3-4 weeks p/o
- Stress early knee extension. Should reach full knee ext by 2 weeks post-op.
- Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.
- All multi-ligament reconstructions on ASA 325 p/o daily X2 weeks unless contraindicated (i.e. Coumadin, Bloodthinners, Allergies)

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE 1 0-6 weeks	Heel touch WB in brace	0-2 weeks: Locked in extension for ambulation and sleeping 2-6 weeks: Unlocked for ambulation 0-90°, remove for sleeping	0-2 weeks: 0-45° 2-6 weeks: Advance slowly 0-90°	Quad sets, patellar mobs, gastroc/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag Side-lying hip/core Scar mobs 4-6 weeks when adequate healing Hamstrings avoidance until 6 weeks p/o
PHASE 2 6-12 weeks	Advance 25% until full by 8 weeks	Discontinue at 6 weeks if patient has no extension lag	Full	Begin toe raises, closed chain quads, balance exercises, stationary bike, step-ups, front and side planks, advance hip/core, hamstring curls
PHASE 3 12-16 weeks	Full	None	Full	Advance closed chain strengthening Progress proprioception activities Begin stairmaster, elliptical
PHASE 4 16-24 weeks	Full	None	Full	Initiate running on flat surface at 16 weeks 18-20 weeks: Start jump program 20 weeks: Advance to sprinting,

				backward running, cutting/pivoting/changing direction, initiate sport specific drills
PHASE 5 >6 months	Full	None	Full	Gradual return to sports participation after FSA Maintenance program based on FSA