**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)

<table>
<thead>
<tr>
<th>PHASE 1  0-6 weeks</th>
<th>WEIGHT BEARING</th>
<th>BRACE</th>
<th>ROM</th>
<th>EXERCISES</th>
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</table>
|                   | 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, |
| PHASE 5 | >6 months | Full | None | Full | Gradual return to sports participation after FSA  
| Maintenance program based on FSA |
| backward running, cutting/pivoting/changing direction, initiate sport specific drills |