

**ACL, PCL, & 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 I 0-6 weeks	Heel touch WB in brace	0-2 weeks: Locked in full extension for ambulation and sleeping 2-6 weeks: Unlocked for ambulation (only if good quad control) 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 Hamstring avoidance until 6 wks p/o
PHASE II 6-12 weeks	Advance 25% weekly until full WB by 8 wks	Discontinue at 6 wks if no extension lag	Full	Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core
PHASE III 12-16 weeks	Full	None	Full	Advance closed chain strengthening Progress proprioception activities Begin stairmaster, elliptical
PHASE IV 16-24	Full	None	Full	16 wks: Begin running straight ahead 18-20 wks: Begin jumping 20 wks: Advance to sprinting, backward running, cutting/pivoting/changing

				direction, initiate plyometric program and sport-specific drills
PHASE V >6 months	Full	None	Full and pain-free	Gradual return to sports participation after completion of FSA Maintenance program based on FSA