

**COMBINED ACL & PCL 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 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 0-4 weeks	Full in brace	0-1 week: Locked in full ext for ambulation and sleeping 1-4 weeks: Unlocked for ambulation, remove for sleeping	As tolerated	Quad sets, patellar mobs, gastroc/soleus stretch SLR w/ brace in full ext until quad strength prevents ext lag Side-lying hip and core Scar mobs 4-6 weeks when adequate healing Hamstring avoidance until 6 weeks p/o
PHASE 2 4-12 weeks	Full	Discontinue at day 28 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 and core.
PHASE 3 12-16 weeks	Full	None	Full	Advance closed chain strengthening Begin hamstring strengthening Progress proprioceptive activities Begin stairmaster, elliptical
PHASE 4 16-24 weeks	Full	None	Full	16 weeks: Begin straight ahead running 18-20 weeks: Begin jumping, jump program

PHASE 5 >6 months	Full	None	Full	20 weeks: Advance to sprinting, backward running, cutting/pivoting, changing direction
-----------------------------	------	------	------	--