

Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service

Knee LCL / Posterolateral Corner Repair-Reconstruction Rehab Protocol

Patient Name:

Date:

Diagnosis: LCL, PLC tears

Frequency: BC 2361 r

progress 1 -2 lbs per week
Hamstring active knee flexion OK
Seated leg extension (90 to 40 degrees) against gravity with no weight
Hip adductor, flexor strengthening

Week 8 (TTWB)

Continue all exercises
Flexion exercises seated AAROM
AAROM (using good leg to assist) exercises (4-5x/ day) with brace on
Continue ROM stretching and overpressure into extension
SLR's - with brace on
Leg press 0-70 arc of motion

Week 9 (WBAT)

Continue above exercises
Start WBAT with brace on in full extension and D/C crutches when stable
Unlock brace for ambulation when quad control adequate
Hamstring and calf stretching
Self ROM 4-5x/day using other leg to provide ROM
Advance ROM as tolerated - no limits, may remove brace for ROM
Regular stationary bike if Flexion > 115°
Heel raises with brace on
Hip/core strengthening and proprioception training

Week 10

Continue above exercises
Mini squats (0-60 degrees) and quad strengthening
4 inch step ups
Isotonic leg press (0 - 90 degrees)
Lateral step out with therabands
Advance hip/core strengthening and proprioception training

Week 11

- D/C brace if quad control adequate

Week 12

Begin resistance for open chain knee extension
Swimming allowed, flutter kick only
Bike outdoors, level surfaces only
Progress balance and board throws
Plyometric leg press
6-8 inch step downs
Start slide board
Jump down's (double stance landing)
Progress to light running program and light sport specific drills if:
 Quad strength > 75% contralateral side
 Active ROM 0 to > 125 degrees
 Functional hop test >70% contralateral side
 Swelling < 1cm at joint line
 No pain
 Demonstrates good control on step down

Week 12-22

Stairmaster machine
Progress to light running program and light sport specific drills if:
 Isometric extensor limb symmetry index (LSI)>70% plus extensor and flexor LSI>70%
 Active ROM 0 to > 125 degrees
 Functional hop test >70% contralateral side
 Swelling < 1cm at joint line
 No pain
 Demonstrates good control on step down

6-12 months

- Criteria to return to sports (functional testing at 6 mos, then at 9 mos)
 - Full Active ROM
 - Quadriceps >90% contralateral side
 - Satisfactory clinical exam
 - Functional hop test > 90% contralateral side

One Year

- Doctor visit