



Central Indiana Orthopedics

INVESTED IN KEEPING YOU ACTIVE

Brian E. Camilleri, DO

2610 Enterprise Dr
Anderson, IN 46013
Phone: (765) 683-4400
Fax: (765) 642-7903
www.ciocenter.com

POSTEROLATERAL CORNER RECONSTRUCTION (WITH AND WITHOUT PCL RECONSTRUCTION) REHABILITATION PROTOCOL

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a reconstruction of their posterolateral corner (with or without a concomitant PCL reconstruction). It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient please consult with Dr Camilleri.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately and please fax all progress notes to Dr. Camilleri's office or hand deliver with the patient. Successful treatment requires a team approach and we value your care for the patient as well as your input. Please contact Dr. Camilleri at any time with your input on how to improve the therapy protocol.



Early Phase (Weeks 0-2)

- **Weight Bearing and Range of Motion**
 - Touch down with crutches
 - ROM: A/AAROM 0-90° as tolerated
- **Brace Use**
 - Locked in full extension at all times other than PT
- **Therapeutic Elements**
 - Modalities as needed.
 - Patella Mob; SLR's with electric stim.; co-contractions, prone hangs
 - estim; Cocontractions,
 - ***No Abduction of hip or leg at any time.***
 - ***No prone hangs if PCL reconstruction!!***
- **Goals**
 - a/aa/ROM: 0-0-90
 - Control pain/swelling
 - Quad control



Early Phase (Weeks 2-4)

- **Weight Bearing and Range of Motion**
 - 50% weight bearing with crutches and brace
- **Brace Use**
 - Locked in full extension at all times other than PT
- **Therapeutic Elements**
 - Continue above
 - Scar mobilization
 - PROM to 90°
- **Goals**
 - a/aa/ROM: 0-0-90
 - Control pain/swelling
 - Normal patella mobility
 - SLR x 30 (no weight)



Recovery Phase (Weeks 4-8)

- **Weight Bearing and Range of Motion**
 - WBAT with brace open to AROM
 - Discontinue crutches when normal gait
- **Brace Use**
 - At all times, open to AROM
- **Therapeutic Elements**
 - Continue above
 - Gentle hip abduction with no resistance below knee
 - Wall-sits 0-45
 - Mini-squats with support 0-45
 - Carpet drags (not with PCL reconstruction!!)



- Treadmill walking by 8 weeks
- **Goals**
 - a/aa/ROM: 0-0-110 by 6 weeks and free by 8 weeks
 - SLR x 30
 - No effusion

Strengthening Phase (Weeks 8-12)

- **Weight Bearing and Range of Motion**
 - Full
- **Brace Use**
 - None
- **Therapeutic Elements**
 - Continue above with increased resistance
 - Step-downs
 - Treadmill
 - Stretching
 - Begin prone hangs and HSL (if PCL reconstruction)
- **Goals**
 - Walk 1-2 miles at 15 min/mile pace

Reintegration Phase (Months 3-5)

- **Weight Bearing and Range of Motion**
 - Full
- **Brace Use**
 - None
 - if return to sport, fitting for custom brace by 5 months
- **Therapeutic Elements**
 - Slide boards
 - Begin agility drills
 - Figure 8's
 - Gentle loops
 - Large zig-zags
 - Swimming
 - Begin plyometrics at 4 months
- **Goals**
 - Treadmill (walk 1-2 miles at 10-12 min/mile pace)
 - Return to competitive activities

Criteria for Final Clearance for Sport:

- Symmetric range of motion
- Isokinetic testing (Cybex) at 180/sec and 60/sec that is 90% compared to non-operative leg
- Single leg hop test that is 90% compared to non-operative leg
- Final clearance given by both physical therapist and Dr Camilleri
 - Typically not until 9 months post-operatively