**Posterolateral Corner Rehabilitation Protocol**

**\*\*\*\*NO VARUS STRESS, EVER\*\*\***

**Phase I – Maximum Protection (Weeks 0 to 2):**

**0 to 1 Week:**

* Brace at all times when not exercising, for six weeks
* Brace 0/0 for six weeks.
* Ice and modalities to reduce pain and inflammation
* Use crutches weight bearing as tolerated for 7 to 10 days to reduce swelling. The patient may discontinue the crutches when they can ambulate with no limp

### Range of Motion

- Begin aggressive patellar mobility

- Don’t emphasize hyperextension for 6 weeks; can work on extension

- 0° - 60° - No varus stress \*\*EVER\*\*.

### Exercises

- Quadriceps setting, focusing on VMO

- Blood Flow Restriction therapy for muscle mass and quad activation

- Multi-plane straight leg raising

- Gait training

**Weeks 1 to 2:**

* Continue with program outlined above

### Range of Motion

- Still 0° - 60° of knee flexion

**Phase II – Progressive Stretching and Early Strengthening (Weeks 2 to 6):**

**Weeks 2 to 4:**

* Continue with modalities to control inflammation

### Range of Motion

- Progress knee flexion to 90°

### Exercises

- Continue with phase I exercise

- Bilateral closed kinetic chain squatting, to 30° of knee bend from standing

- Multi-plane open and closed kinetic chain hip strengthening

- Step-up progression

- Pool program when incisions healed; focus on ROM

**Weeks 4 to 6:**

### Range of Motion

- 0° – 90° – Slowly advance as tolerated to 120°

### Exercises

- Advance strengthening program progressing to unilateral as tolerated

- Start stationary bike program

- Proprioception drills

- Advance intensity of pool program; focus on strengthening

**Phase III – Advanced Strengthening and Proprioception Phase (Weeks 6 to 12):**

**Weeks 6 to 12:**

### Range of Motion

- Full knee flexion and extension with some terminal stretch

### Exercises

- Advance cardiovascular program; no running

- Increase intensity of closed kinetic chain exercises

- Add proprioception drills

- Initiate gym strengthening progressing from bilateral to unilateral as tolerated

- Leg press, squats, partial lunges, hamstring curls, ab/adduction, calf raises

- Begin multi-directional functional cord work; no carioca

**Weeks 10 to 12:**

* May begin a pool/walking to running program

**Phase IV – Advance Strengthening and Plyometric Drill Phase (Weeks 12 to 16):**

**Weeks 12 to 16:**

* Implement a full gym strengthening program; including leg extensions at 30° - 0°, progressing to full range as PF arthrokinematics normalize
* Begin straight plane running
* Begin non-aggressive plyometric drills, keeping foot contacts < 100

**Phase V – Return to Sport and Functional Drills Phase (Weeks 16 to 24):**

**Weeks 16 to 20:**

* Continue with aggressive lower extremity strengthening, cardiovascular training, and flexibility
* Implement sport specific drills
* Advance plyometric drills from bilateral to unilateral as tolerated

**Weeks 20 to 24:**

* Follow-up examination with the physician
* Brace fitting for functional knee brace
* Sports test for return to competition

**RETURN TO ACTIVITIES**

Running: 4-5 months when functional criteria are met

Golf: Short irons at 4 months, full swing with long irons at 5 months.

Delay 4-6 weeks if lead leg.

Pivoting/cutting sport: When functional criteria are met and cleared by surgeon, typically

6+ months at earliest