TROPICAL MEDICAL GROUP

Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

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# Multiligamentous Knee Reconstruction Rehab Program

## General Information

The intent of this protocol is to provide the therapist and patient with guidelines for the post-operative rehabilitation course after multi-ligament knee reconstruction. This protocol is based on a review of the best available scientific studies regarding knee rehabilitation. It is by no means intended to serve as a substitute for one's clinical decision making regarding the progression of a patient's post-operative course. It should serve as a guideline based on the individual's physical exam/findings, progress to date, and the absence of post-operative complications. If the therapist requires assistance in the progression of a post-operative patient they should consult with your surgeon. **Progression to the next phase based on Clinical Criteria and/or Timeframes as appropriate.**

## Pre-operative:

**Brace:** Usually required at all times

**Weight Bearing:** Full, crutches as necessary

**ROM Goals:**

**Extension:** Full
**Flexion:** 135 degrees

**Therapeutic Exercise:** Learn exercises for post-op regimen.

## Weeks 0 to 4: Advanced Protective Phase:

**Brace:** Braced in full extension

**Weight Bearing:** Strict Non-Weight Bearing

**ROM Goals:**

**Extension:** Full with posterior leg supported at all times to protect from tibial sag
**Flexion:** 0 degrees

**Therapeutic Exercise:**

**Strengthening:**
Quadriceps setting

Three-way leg raises in brace (not flexion)
Functional quadriceps electric stimulation

**Manual Therapy:**
Patellar mobilization
Peri-patellar soft tissue mobilization

**Cryotherapy:** Six to eight times a day for 20 minutes

## Weeks 5 to 8: Early Strengthening:

**Brace:** Open to 30 degrees week 7,8

**Weight Bearing:** Progress 75% by week 8

**ROM Goals:**

**Extension:** Full with posterior leg supported at all times to protect from tibial sag
**Flexion:** 60 degrees by end of week 6; progressing to 100 degrees by end of week 8

**Therapeutic Exercise:**

**Strengthening:**
Quadriceps setting
Four-way straight leg raising in brace.
Open chain calf with thera-band
****No open chain hamstring strengthening.**

**Manual Therapy:**
Patellar mobilization
Passive knee flexion
Peri-patellar soft tissue mobilization
Prone quadriceps stretching to 60 to 90 degrees

## Weeks 9 to 12: Advanced Strengthening:

**Brace:** Open to 60

**Weight Bearing:** Full

**ROM Goals:**

**Extension:** Full with posterior leg supported at all times to protect from tibial sag
**Flexion:** Progress to fulll

**Weeks 9 to 12: Advanced Strengthening Continued:**

**Therapeutic Exercise:**

**Strengthening:**
Quadriceps setting
Four-way straight leg raising in brace.
Half squats
Step downs
Slow progression of multi-plane closed chain exercises
****No open chain hamstring strengthening**
**Proprioception:** Balance activities
**Core strengthening:**
Trunk activities
Conditioning stationary bike

**Manual Therapy:**
Patellar mobilization
Passive knee flexion to 125 degrees
Peri-patellar soft tissue mobilization
Prone quadriceps stretching to 125 degrees
Soft tissue flexibility maintenance

**Weeks 12 Plus: Functional Training & Return to Sports:**

**Therapeutic Exercise:**

**Strengthening:**
Progression of multi-plane closed chain activities
Proprioception
Advanced core strengthening
**Conditioning:**
Stationary bike

*****Running straight at 9 to 12 months**

**Note:** Return to sport based on provider team input and appropriate testing.

**NOTE: A loss of 10 to 15 degrees of terminal flexion can be expected in complex knee ligament reconstructions. This does not cause a functional problem for patients and is not a cause for alarm.**