

Austin Cole, MD

ACL, PCL, MCL Repair with Meniscus Repair

Post-Operative Protocol

Phase I – Maximum Protection

Weeks 0 to 6:

- Brace 0-90 x 6 weeks
 - o Recommend locking in extension for sleep
- Non-weight bearing with two crutches for 6 weeks
- Limit knee flexion to 90-degrees for 3 weeks; allow 90-120 degrees between 3 to 6 weeks
- Avoid isolated hamstring exercises x 12 weeks

Goals

- o Reduce inflammation and pain
- o 0 degrees of knee extension
- o PCL protection, prevent posterior tibial translation
- o Reduce inflammation
- o Normalize patella mobility with manual mobilizations
- Avoid hyperextension
- o Proper gait mechanics asap
- Avoid valgus stress at knee

Exercise progression

- Quadriceps setting using NMES as needed
- o Emphasize patellofemoral mobilizations
- o Passive/active knee extension range of motion with 90° flexion limit
 - No resistance for 8 weeks
- o Prone passive knee flexion only, within 90 degree flexion limit for 3 weeks
- o Quadriceps setting emphasize VMO function
- o Multi-plane straight leg raising
 - SLR when no quad lag present
- Open chain hip strengthening
 - No side-lying hip adduction x 8 weeks.

Phase II - Progressive Stretching and Early Strengthening

Weeks 6 to 8:

- Brace open to 0-90 degrees for ambulation
- Continue using two crutches, with gradual progression of weight bearing
 - o Increase WB to FWB over next 2 weeks
- Avoid isolated hamstring exercises x 12 weeks
- PCL protection, prevent posterior tibial translation
 - Avoid hyper-extension

Exercise progression

- o Gradual progression to full knee flexion
- Continue to emphasize patella mobility
- o Begin bilateral closed kinetic chain strengthening limited range initially
 - Bilateral squat limited/leg press limited to 70 degrees flexion through week 12
 - Single leg no knee flexion past 30 degrees through week 12
 - Standing hip adduction may begin with resistance proximal to knee
- Step-up progression
- Begin stationary bike with light resistance initially
- o Gait training normalize gait pattern

Phase III - Advanced Strengthening and Endurance Training

Goals

- Full knee range of motion avoid hyper-extension
- o PCL protection, prevent posterior tibial translation

Weeks 8 to 10:

Exercise progression

- Avoid rotational movements for 14 weeks
- Advance stationary biking program (increase intensity)
- o Introduce treadmill walking and elliptical trainer
- o Begin unilateral closed kinetic chain program
 - o Bilateral squat limited/leg press limited to 70 degrees flexion through week 12
 - Single leg no knee flexion past 30 degrees through week 12

Weeks 10 to 12:

Exercise progression

- Forward/backward elevated treadmill walking
- Deep water pool running progression

Phase IV – Advance Strengthening and Running Progression

Weeks 12 to 20:

Criteria for progression through Phase IV

Administer preliminary functional test for physician to review prior to 4.5 month follow up

Exercise progression

- o Progress resistance with squat and lunge strengthening program.
- o Lunge progression (retro, walk and split) as indicated
- Begin isolated hamstring exercise, progress slowly
- Bilateral squat/leg press can progress past 70 degrees at 16 weeks
 - Initiate single limb leg press
 - Single leg bridge
- Begin light plyometric drills, progress from bilateral to unilateral
 - Must pass PFT
- o Begin linear jogging week 18 if good quad control and passes PFT
- o Progress to lateral and rotational stresses at 18 weeks
- Multi-directional drills at 18 weeks with adequate control

Phase V – Return to Sport

Weeks 20 to 24:

Exercise progression

- o Advance ladder, hurdle and plyo box progressions
- Sport specific field/court drills
- Non-contact drills

Criteria to be released for return to sport

- o Follow-up examination with the physician
- Pass return-to-sport functional test at >90% (involved vs uninvolved limb)
 - See testing protocol
- Display symmetry and confidence in high-speed cutting, multi-plane plyometric drills, sprinting and decelerating