



ISOLATED PLC RECONSTRUCTION PROTOCOL

Immediately post-op (O/P physio arranged for 1/52)

- Cryocuff beneath long lever brace (10-90°), applied in theatre.
- Swelling management (Cryocuff/elevation).
- Gentle passive/active-assisted knee flexion and extension.
- Patella mobilisation (superior/inferior, medial/lateral).
- TAQ's, SLR in brace (30 reps 4-5x daily).
- NWB for 6 weeks.
- Avoid tibial external rotation postures and OKC hamstrings for 4 months

Goals: Control pain and swelling, preserve patellofemoral mobility.

1-6 weeks

- Check for evidence of distal neurovascular deficit, DVT or infection.
- Continue with patellar and tibiofemoral mobility ex's (avoid hyperextension).
- Continue with SQ's and SLR in brace.
- NWB hip/lumbo-pelvic muscle maintenance exercises.

Goals: 0-90° by 2/52 post-op, terminal extension and 120° by 6/52.

7-12 weeks

- Start PWB, WBAT from week 9 if no limp and able to SLR without lag.
- Open brace to allow FROM.
- Static bike no resistance (starting with 5 mins every other day, increase time as able).

12-16 weeks

- Wean off brace as confidence allows from week 12.
- Leg press <25% body weight to fatigue (<70° knee flexion).
- Squats <50% body weight (<70° knee flexion), increasing weight as able.
- CKC ex's: double to single leg as able (<70° flexion).
- Swimming with avoidance of breast stroke kick until 4/12.

16-24 weeks

- Brisk walking program (20-30 mins daily, add 5 mins per week).
- Add resistance to static bike and start OKC hamstrings.
- Advanced CKC work as per ACL class progressions.
- Jogging once patient can perform 20 single leg squats >60° flexion.
- Progress to ACL advanced class ex's once top level ACL class ex's completed.

7 months +

- Gradual return to contact sports if >85% of good leg on functional testing.

References:

Lunden et al (2010) Current Concepts in the Recognition and Treatment of Posterolateral Corner Injuries of the Knee, *Journal of Orthopaedic & Sports Physical Therapy*. Vol: 40 (8), pp 502-515.

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