# ISOLATED PLC RECONSTRUCTION PROTOCOL

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

* Cryocuff beneath long lever brace (10-90º), 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 (including DVT) and infection.
* Continue with patellar and tibiofemoral mobility ex’s (avoiding hyperextension).
* Continue with SQ’s and SLR in brace.
* NWB hip/lumbo-pelvic muscle maintenance exercises.

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

**7-12 weeks**

* Open brace to allow FROM.
* Static bike no resistance (starting with 5 mins every other day, increase time as able).
* Start PWB, WBAT from week 9 if no limp and able to SLR without lag.
* Proprioceptive ex’s once able to FWB (progressing from double to single leg).
* Flutter-kick swimming from week 8, avoidance of breast stroke kick until 4/12.

**12-16 weeks**

* Wean off brace as confidence allows from week 12.
* Single leg press <25% body weight to fatigue (<70º knee flexion).
* Squats initially <50% body weight (<70º knee flexion), increasing weight as able.
* CKC ex’s: double to single leg as able (<70º flexion).

**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 >60º 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.

## Originator: The Knee Resource

## Ratified by: Your institution

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