

# Posterolateral Corner Injury Conservative Management Protocol

## Your Logo

Contact us for personalised  
branded knee protocol &  
information leaflet packages

### Initial Guidance:

Progression through phases is based on measurements of the individual, functional progression, symptoms and resolution of impairments.

**If varus laxity but LCL intact a medial unloader brace may be indicated during high-level athletic activities.**

### Phase 1: Protection, control of pain and swelling/effusion, restore ROM, quads activation.

- Immobilise knee (long lever brace locked at 0) for 1-2 weeks
- Avoidance of excessive varus and external tibial rotation loading
- POLICE protocol for management of pain and swelling/effusion.
- Quads activation: SQ's/SLR, aiming for fatigue (30 reps x 10 sec hold x 6 sets daily)
- Restore/preserve knee and PFJ ROM
- Normalise gait, using walking aids as required

**Criteria for progression to phase 2:** Full knee extension, flexion  $\geq 120^\circ$ , SLR with no lag.

### Phase 2: Normalise gait mechanics and increase lower limb strength.

- Normalise gait
- Strength exercises focussing on quads, hamstrings, gastrocnemius and popliteus
- Bridging progressions on gym ball: double leg (straight) and curls, single leg bridge kicks
- Squats, progressing from supported (wall squats) to unsupported, stable to unstable surfaces
- Double legged proprioceptive exercises on unstable surfaces
- Lateral resisted walk

**Criteria for progression to phase 3:** Normal gait

### Phase 3: Neuromuscular control and strengthening with functional movement patterns.

- Control of knee varus and tibial external rotation at lower flexion angles ( $<45^\circ$ ) during weight bearing exercises, using verbal, manual and visual cues as appropriate.
- Lunges, Romanian dead lifts (progressing from bilateral to unilateral), step downs
- Increase resistance with lateral walks, stepping over obstacles
- Progressive running program and graded agility, neuromuscular control and plyometrics
- Gain adequate single plane control before progressing to multi-plane movements
- Functional testing and training including timed balance, single leg squat for depth, single leg hop for distance, triple crossover hop for distance, timed hop for speed (6m)

**Criteria for progression to phase 4:** Limb symmetry of  $>85\%$  on functional and strength testing.

### Phase 4: Returning to Sport.

- Sports specific drills and gradual return to play programme.

## References:

Haddad et al (2016) Conservative management of an isolated grade III lateral collateral ligament injury in an adolescent multi-sport athlete: a case report, *International Journal of Sports Physical Therapy*. Vol: 11 (4), pp 596-606.

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.