

# Phase I (1-5 days post-op)

- Wound care: Observe for signs of infection
- · Gait: Non-weight-bearing
- Brace: Locked in extension 24 hr/day
- · ROM:
  - o AROM to hip and ankle
  - o Maintain full passive knee extension
  - o Gentle stretching of hamstrings and gastroc/soleus
- · Strengthening: Quad sets
- · Modalities: Cryotherapy for pain and edema control

# Phase II (5 days - 4 weeks)

- Wound: Continue to monitor for signs of infection and begin scar management techniques when incision is closed
- Gait: Non-weight-bearing
- Brace: Locked in extension 24 hr/day
- ROM: Continue Phase I
  - o Begin patellar mobilization when incision is closed
- · Strengthening: Continue Phase I
- Modalities: Continue Phase I
  - o Enhance Quad sets with low intensity e-stim or biofeedback

### Phase III (4 weeks -10 weeks)

4 weeks to 6 weeks: Continue Phase II

## 6 weeks to 10 weeks:

- · Wound: Continue to monitor for signs of infection and continue scar mobilization
- Gait: Begin partial weight bearing gait of 25% and increase by 25% over next 4 weeks
- Brace: Open brace to full flexion (with PLC, continue to wear at night)
- ROM:
  - o Passive flexion exercises (consider CPM if no involvement of PLC)
  - o Prone hangs
  - o Continue patella. mobilization
  - o Stationary bicycle for ROM assist
- Strengthening:
  - o Hip strengthening (no adduction if PLC is involved)
- · Proprioceptive and weight shifting activities
- · Modalities:
  - o High intensity e-stim at 60° of knee flexion



## Phase IV (10 weeks +)

- Brace: D/C brace at end of post-op week 12
- Strengthening:
  - o Initiate closed-chain strengthening once full weight bearing has been achieved and quadricep strength is 3+/5 or more
- Testing: Initial Functional Testing between post-op weeks 10-16

### 4 months (16 weeks):

- ROM: Aggressive flexion ROM (contact physician if ROM <90° by end of month 4)</li>
- · Strengthening:
  - o Closed-chain PRE's: avoid flexion beyond 70°
  - o Isolated quadricep and hamstring exercises: no resistance
  - o Closed-chain conditioning exercises: stair climber, stationary bike, etc.
  - o Hip PRE's
- Proprioception: Single-leg proprioception exercises (SAPS, mini-trampoline)
- Agility: Straight-line jogging at end of postoperative month 4

### 5 months (20 weeks):

- · Strengthening:
  - o Initiate resisted quadricep and hamstring exercises
  - o Progress closed chain strengthening and conditioning exercises
- Agility:
  - o Initiate low intensity plyometrics
  - o Progress jogging and begin sprints
- Proprioception:
- Advance proprioception training
- Brace: Contact physician regarding fitting for ACL/PCL functional brace

### 6 months (24 weeks):

- Progression of all strengthening exercises
- · Begin agility drills and sport-specific drills with functional brace

#### 7 - 12 months:

- Testing: Final functional tests less than 25% for non-athlete, less than 20% for athlete
- Return to sports if the following criteria are met:
  - o Minimal or no pain and swelling
  - o Functional tests within 10 15% of the uninvolved side
  - o Successful completion of sport-specific drills
  - o ACL/PCL functional brace

#### Adapted from:

- 1) Fanelli G. The Multiple Ligament Injured Knee: A Practical Guide to Management New York: Springer; 2003.
- 2) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003