Multiligament Knee Reconstruction: ACL and PCL Reconstruction Physical Therapy Protocol

David P. Trofa, M.D.

Assistant Professor of Orthopaedic Surgery, Columbia University Medical Center Chief of Sports Medicine, New York-Presbyterian Westchester Director of Clinical Outcomes, Department of Orthopaedic Surgery Head Team Physician, Manhattan College

www.DavidTrofaMD.com

Patient Name:	Date of Surgery:	
Procedure: Right / Left ACL and PCL Reconstruction		
Associated Procedure (checked if performed): Partial MeniscectomyMeniscus Repair		
Frequency: 2x per week forweeks		

Key Features of protocol:

- Please prioritize range of motion with daily stretching, CPM use and physical therapy.
- Weight Bearing: NWB x 6 weeks. Increase weight bearing 25% per week afterwards for full weight bearing by 10 weeks.
- Brace use: Wean after 10 weeks. Locked in extension for walking and sleeping.
- Continuous Passive Motion (CPM) Machine: Starts POD 7. Start at 0-40°. Progress 5-10° per day as tolerated. 6 hours per day in 2 hour increments.
- No resisted knee flexion or hyper-extension for 6 months.
- Return to Sport: 9-10 months.

Phase I (0-6 weeks): Period of protection

- **Weightbearing:** Non-weight-bearing. Touch down weight-bearing permitted for transfers only.
- **Brace:** Locked in extension for ambulation and sleeping. May be removed for PT, ROM exercises and hygiene.
- ROM:
 - o 0-4 weeks: PROM to goal of 90° of flexion (no active knee flexion). Prevent posterior sagging during PROM exercises.
 - o 4-6 weeks: Progress ROM as tolerated (no active knee flexion). Prevent posterior sagging.
 - Passive leg hangs out of brace to 90°
- Therapeutic exercises:

- o Patellar mobilization 5-10 minutes daily.
- Ouad sets
- Straight leg raises with knee brace locked in extension until quadriceps strength prevents lag.
- No restrictions to ankle/hip strengthening.

• Precautions:

- o Hamstring avoidance until 6 weeks post op.
- Avoid hyperextension

Phase II (6-12 weeks):

- Weightbearing: As tolerated.
- **Brace:** Unlocked for gait training and then discontinued when no extension lag.
- **ROM:** As tolerated.
- Therapeutic exercises as above plus:
 - o As above
 - Begin calf raises
 - Closed chain quadriceps and hamstring exercises
 - Balance exercises
 - Stationary bike
 - o Step ups
 - o Front/Side planks
 - o Advance hip/core

Phase III (>12wks):

- Weightbearing: Full weightbearing with normal gait.
- **ROM:** Full and painless. May perform aggressive end-range stretching if full ROM not yet achieved.
- Therapeutic exercises:
 - *Initiation of impact may occur if the involved leg has at least 80% of the strength of the uninvolved leg when measured using a single leg squat test.
 - o Advance closed chain strengthening
 - o Continue with stationary biking
 - o 12 weeks: Stairmaster and elliptical
 - o 16 weeks: Jogging
 - o 18 weeks: Jumping
 - o 20 weeks: Sprinting, backward running, plyometrics, sports specific drills
- **Progression Criteria to Functional Sports Assessment:** Dynamic neuromuscular control with multi-plane activities without instability, pain or swelling; ability to land from a sagittal, frontal and transverse plan; leap and jump with good control and balance.