

# Posterolateral Corner (PLC) Reconstruction **Physical Therapy Protocol**

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Patient Name:	Date of Surgery:
Procedure: Right / Left Posterolateral Corner (PLC) Reconstruction	
Associated Procedure (checked if performed):  • Partial Meniscectomy  • Meniscus Repair	
Frequency: 2x per week forweeks	
Phase I (0-6 weeks): Period of protection	

- Weightbearing: Toe touch weight bearing for 6 weeks.
- **Brace:** Locked in extension at all times, including for ambulation and sleeping. May be removed for PT, CPM and hygiene.
- ROM restrictions:
  - o 0-1 weeks: Full extension
  - o 1-4 weeks: 0-90°
  - o 4-6 weeks: Full ROM permitted
- Therapeutic exercises:
  - o Patellar mobilization 5-10 minutes daily
  - Quad sets
  - o Straight leg raises with knee brace locked in extension
  - Avoid hamstring stretches
- **Restrictions:** No resisted knee flexion. No knee hyperextension. Limit external rotation.

### Phase II (6-12 weeks): Initiate Controlled Strengthening

- Weightbearing: Advance 50% per week, for full weight bearing by 8 weeks
- Brace: Transition into custom valgus unloader brace.
- ROM: Full.
- **Strengthening:** 
  - o As above
  - o Initiate stationary bike with no resistance for ROM and cardio (alter seat height as ROM increases).

- o Begin toe raises, closed chain quads, balance exercises, step-ups, and side planks
- Advance hip and core
- **Restrictions:** No resisted knee flexion. No knee hyperextension. Limit external rotation.

#### Phase III (3-6 months): Advance strengthening.

- Therapeutic exercises:
  - As above plus:
  - o Advance closed chain strengthening
  - o Progress proprioception
  - o 3months:
    - Stairmaster, elliptical
  - o 4 months:
    - Initiate open chain exercises
    - Initiate walk-jog program
  - o 5 months:
    - Plyometrics
- **Progression Criteria:** Normal gait on all surfaces, single leg stance greater than 30 seconds, ability to carry out multi-plane functional movements without unloading affected leg or pain, while demonstrating good control. 85% strength of contralateral lower extremity

# Phase IV (6-9 months): Sport-specific conditioning.

- Therapeutic exercises:
  - o Running, agility exercises
  - o Advance as tolerated
- **Rehabilitation Goals:** Good dynamic neuromuscular control and no pain with multiplanar activities; functional sports specific progression.
- **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.
- **Goal:** Return to sport by 9mo.