

Anatomic Medial Collateral Ligament Knee Reconstruction

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
 - Surgical site evaluation (see below for instructions)
 - Brace/sling education and adjustment as needed
 - Review of therapy protocol, expectations, and plan
 - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
 - Incisions are closed with one or combination of below methods
 - Staples
 - Nylon sutures (black sutures)
 - Monocryl sutures covered with steristrips or glue
 - Prineo dressing (clear adherent glue dressing)
 - Anytime the dressing is changed or examined, **please wash hands** prior with antibacterial soap.
 - There will be gauze and padding over the incisions and the extremity may be wrapped with an ACE wrap. The surgical dressing should be changed by the therapist using **sterile** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips or glue dressing. DO NOT remove sutures or staples. The new dressing should include dry gauze and ACE wrap. Before the new dressing is applied the wounds should be clean and dry (without removing steri strips or glue dressing). Please do not use tegaderm unless it was used at the time of surgery or if specifically stated on the orders. If there are any concerns with the incisions or dressings, the therapist should call the office immediately – (219) 250-5038.
 - Unless otherwise instructed, incisions must remain dry for 7 days. They must be sealed off in the shower. The Prineo dressing/glue dressing is water resistant, and incisions covered by this dressing may get wet after 3-5 days. Once you are permitted to get the incisions wet, warm soapy water should **gently** rinse the surgical area. Do NOT scrub the area. Pat the area dry with a clean towel and keep free of lotions or creams. Do NOT soak in a pool, bath or hot tub until permitted by the surgeon's office. Please wear clean clothes following shower and be conscious of any pet hair or other contaminants near the surgical area. Do not apply any ointments or medications to the area.

*****Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.*****

	Goals	Weight Bearing	Brace	ROM	Therapeutic Exercise	Precautions
Phase 1: 0 to 2 Weeks	Control effusion and pain Flexion range of motion (within safe zone) to 90° of knee flexion Maintain full extension Reactivate quadriceps muscle Straight leg raises with no knee extension lag Patellofemoral mobility	Non-weight bearing	Wear brace at full extension at all times, except for passive motion for therapy	Emphasize full extension Knee flexion from 0° to 90°	SLR, patellofemoral mobility, and reactivation of quad muscle. Patellar mobilization, add gentle joint mobilizations for the tibiofemoral joint to reduce stiffness and improve early ROM.	Cryotherapy for edema control Range-of-motion exercises Quadriceps and hamstring strengthening
Phase 2: 2 to 6 Weeks	Effusion resolved Knee flexion range of motion $\geq 115^\circ$ Preserve full knee extension Quad sets and straight leg raises with no extension lag	Non-weight bearing	Wear brace when up and about and while sleeping Hinged brace open into flexion per quadriceps functional control	Full extension Progressive flexion as tolerated	Continue per phase 1 Initiate upright stationary bike at week 4 with no resistance Progress to intermediate core and proximal hip strengthening exercises Initiate prone or standing hamstring curls (active flexion, passive extension)	Continue to avoid valgus and internal and external rotation strain through the knee joint
Phase 3: 6 to 8 Weeks	Range of motion with no knee extension lag Quadriceps girth returning	As tolerated with bilateral crutches	Gradually open fully per quadriceps control	Full, symmetrical	Initiate closed-kinetic-chain strengthening in bilateral support ($\leq 70^\circ$ of knee flexion)	Limit bilateral squats to $\leq 70^\circ$ of knee flexion No pivoting on a planted foot

	Normal gait mechanics performed	Progress to full weight bearing per quadriceps control with no gait deviation	Discontinue use when ambulating with full weight bearing and no gait deviation		Continue to progress to intermediate core and proximal hip strengthening exercises Initiate basic lower extremity proprioception and balance drills with bilateral support	Observe and correct for knee/hip alignment with closed-kinetic-chain drills Observe for continued effusion, pain with weight bearing, and home exercise program progression
Phase 4: 8 to 12 Weeks	Restore normal gait mechanics with closed-kinetic-chain lower extremity activities Resume normal stair climbing Normalization of walking speed and distance Able to perform single-leg squat $\geq 45^\circ$ of knee flexion with normal mechanics	Full weight bearing, no restrictions	Protective use for dynamic activities when out of home, hinged brace open per quadriceps control	Full, symmetrical	Progress closed-kinetic-chain strength drills to single-leg Progress lower extremity proprioception and balance drills to single-leg Initiate light cardiovascular exercise with bike Add bilateral support for large muscle group weight training	Continue to observe for proper lower extremity alignment and mechanics with closed-kinetic-chain exercise No use of knee extension machine
Phase 5: 12 to 16 Weeks	Able to perform single-leg squat $\geq 60^\circ$ of knee flexion with normal mechanics	Full weight bearing, no restrictions	No brace	Full, symmetrical	Continue per phase 4 Progress cardiovascular activity with bike, elliptical, walking, and flutter-kick swimming	Patient demonstrates good control in concentric and eccentric phases with weight-training exercises Able to preserve proper lower extremity

					Progress weight training to single-leg Progress lower extremity proprioception and balance drills with surface challenge: BOSU, Airex and DynaDisc	alignment with proprioception, balance, and closed-kinetic-chain drills
Phase 6: 16 to 20 Weeks	Patient demonstrates good self-awareness of proper lower extremity alignment with closed-kinetic-chain and impact drills	Full weight bearing, no restrictions	No brace except for dynamic activities	Full, symmetrical	Directional lunging Interval jogging (straight line, no hills) Initiate basic agility/ footwork drills Initiate basic double-leg plyometric drills Dynamic and directional challenge to lower extremity proprioception and balance drills	Continue to observe for proper lower extremity alignment and mechanics with closed kinetic chain Observe for continued effusion and pain control with initiation of impact activity
Phase 7: 20+ Weeks	Patient to become independent with exercise program and demonstrate good self-awareness of proper lower extremity alignment during high-level drills	Full weight bearing, no restrictions	No brace except for sports	Full, symmetrical	Continue with weight-room strength training Progress plyometric drills Progress speed/intensity of agility drills Initiate acceleration/ deceleration drills	Avoid functional valgus at knee with deceleration, cutting, and jumping drills

	Return to sport once strength returns and clinical/objective stability is verified				Initiate cutting drills Initiate sport-specific drills	
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Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____