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## **Post-op PATIENT Instructions: POSTEROLATERAL CORNER RECONSTRUCTION**

**Dressing:** A dressing has been applied to your knee to absorb any fluid/blood. A small amount of blood on the dressing is expected. Leaving the steri-strips on the skin, replace the covering gauze dressing daily with new dry, sterile gauze (obtained from your pharmacy). Unless directed by your surgeon, **no salves, balms, or ointments (even antibiotic ointments) to the incisions.** Soreness and bruising is expected for several days afterward.

**Showering (No bathtub):** is permitted 72 hours after surgery with the incisions covered. After showering, gently dry the incision and apply a new dry dressing. **Do NOT soak/submerge the incisions. No swimming/hot-tubs until cleared by your surgeon.**

**Ice:** Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but remember to protect the skin from direct contact (and frostbite).

**Activity:** Crutches may be needed for the first several days after surgery. Foot and ankle motion (foot pumps) are encouraged and will help to reduce your chance of a blood clot. Additionally, tightening the thigh muscle will assist your thigh muscle in returning its function faster. However, **no driving until permission is given by your surgeon.**

**Pain:** A nerve block may have been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs. following surgery. A long-acting narcotic (every 12 hrs) used in combination with a shorter-acting narcotic (taken every 3-4hrs as needed for breakthrough pain) is given for your pain control. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

**Precautions:** If you develop temperatures above 101.5°F (38.5°C), uncontrolled pain, marked redness, persistent/discharged drainage, or significant swelling. Call the office **(813)-684-2663**

**Follow-up:** If you do not already have an appointment scheduled, call the office as soon as possible to schedule your first post-op visit.

**Special Instructions:** \_\_\_\_\_ (Additionally, follow any indicated instructions below.)

**☒ Physical therapy:** ☒ per attached prescription; to be scheduled as soon as able

**☒ Weightbearing (operative leg):** ☒ non-weightbearing; advance as PT protocol directs

**☒ Brace:** full time wear; advance as PT protocol directs

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**PT/OT PRESCRIPTION: POSTEROLATERAL CORNER  
RECONSTRUCTION**

*(Revised 3.30.16)*

**MD Orders for the Therapist:**

- Physical Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol without substitution. Contact my office with any questions.

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- **Progression is time and criterion-based, dependent on soft tissue healing, patient demographics, and clinician evaluation**

**WEEKS: 0-2 POST-OP**

- **WEIGHTBEARING:** Non weightbearing
- **ROM**
  - Begin active-assisted ROM (no forced flexion beyond 90° with meniscal repairs)
  - Patellar mobilization
  - Edema control
  - **NO VARUS OR ROTATIONAL LOADING OF KNEE!**
- **Strengthening**
  - Neuromuscular re-ed with stim and/or biofeedback if less than good quad set
  - Quad Sets
  - Flexion and abduction SLR, emphasis on reducing extensor lag
    - Relax quad between reps to improve quality of quad contraction
  - Partial weight bearing LE shifts with crutches per tolerance
- **Goals to Progress to Next Phase**
  1. Good quad set
  2. ROM 0-90 degrees
  3. 20 SLR with minimal to no extensor lag
  4. Minimal to no edema

**WEEKS: 2-4**

- **WEIGHTBEARING:** Begin partial weightbearing with goal: WBAT at post-op 3-4 week
- **ROM**
  - Continue as above
  - Bike: Begin with ½ and progress to full revs per ROM precautions
- **Strengthening**
  - Neuromuscular re-ed with stim and/or biofeedback if warranted
  - Single leg balance: progress to eyes closed
  - Single leg balance with contralateral leg multidirectional hip (Steamboats)
  - SLR (multi-directional) without extensor lag
  - Heel/toe raises
  - Shuttle
    - PWB bilateral to single-leg squats per tolerance and good mechanics
- **Goals to Progress to Next Phase**
  1. No antalgic gait without use of assistive device

2. Good quad set
3. Able to stand on single-leg with moderate-good balance
4. No exacerbation with PWB strengthening

### **WEEK: 4-6**

- **WEIGHTBEARING:** WBAT in brace.
- **ROM**
  - Continue as before (no forced flexion beyond 90°)
  - Exercise bike full revolutions for ROM and endurance
- **Strength**
  - Multi-angle straight leg raises
  - Step-ups progressed to step downs (heel touch)
  - Lunges in protected range
  - Progress PWB (shuttle, aquatics, Total Gym, etc) strengthening – no jogging or single-leg plyos
  - Mini-Squats on BOSU with UE assist if needed
  - Gait training if antalgic
  - Begin trunk and lumbosacral strengthening
- **Goals to Progress to Next Phase**
  1. Normal quad set and gait
  2. AAROM 0-120°
  3. No reactive effusion
  4. Completion of exercises without exacerbation of symptoms
  5. Complete reciprocal stair climbing

### **WEEK: 6-8**

- **ROM**
  - Continued with emphasis on terminal extension and pain-free flexion
  - Exercise bike for endurance
- **Strength**
  - Progress WB strengthening/stability/balance/proprioception exercise
    - Lunges, shuttle, steamboats, side-stepping, leg press, step up/down, etc
  - Begin sub-maximal leg extensions in protected range (see precautions above)
  - Step downs (provide verbal and visual feedback for proper technique)
    - Begin with bilateral and progress to unilateral
    - Begin with 2” and progress step height per mechanics
    - No plyometric training
  - Begin bilateral shuttle jumping  $\leq 50\%$  body weight (shuttle, aquatics, Total Gym, etc)
  - Continue to progress lumbosacral strengthening
- **Goals**
  1. Increased strength/stability/proprioception with therapeutic exercise without exacerbation of symptoms
  2. No reactive instability or effusion with WB activity

### **WEEK: 8-10**

- **ROM**
  - Continue with exercise bike and stretching
- **Strength**

- Initiate isolated hamstring strengthening per tolerance
- Initiate PWB jogging on shuttle
- Progress LE and trunk strength and stability exercises
- Progress step downs from 2-4" height
- Emphasis on appropriate mechanics

**WEEK: 10-12**

- **ROM**
  - Continue per tolerance and pre-exercise warm-up
- **Strength**
  - Full weight bearing plyometrics
    - Progress from straight-plane to diagonal/rotation exercise
  - Strength progression stable to unstable surface
    - Emphasis on quad, hamstring and trunk dynamic stability
  - Shuttle
    - Rotational and single leg jumping
  - Initiate walk-jog progression
    - Criteria to initiate jogging
      - Complete single leg hop-downs without medial/lateral knee displacement
      - Normalized ROM
      - Audible rhythmic strike patterns and no gross visual antalgia
- **Goals to Progress to Next Phase**
  1. Complete plyometric/jogging activity without pain or dynamic instability
  2. No reactive effusion
  3. ROM 0-135 degrees
  4. Begin agility exercises between 50-75% (utilize visual feedback to improve mechanics)
    - Side shuffling
    - Hopping
    - Carioca
    - Figure 8
    - Zig-Zag
    - Resisted jogging(Sports Cord) in straight planes, etc

**Appendix A**

**IKDC #10 Question of Function**

“How would you rank the function of your knee on the scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports?”

FUNCTION PRIOR TO YOUR KNEE INJURY:

Couldn't perform daily activities	0	1	2	3	4	5	6	7	8	9	10	No limitation in daily activities
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CURRENT FUNCTION YOUR KNEE:

Couldn't perform daily activities	0	1	2	3	4	5	6	7	8	9	10	No limitation in daily activities
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Functional tests**

1.) **Single hop for distance:** Have the subject line their heel up with the zero mark of the tape measure, wearing athletic shoes. The subject then hops as far as he can, landing on the same push off leg, for at least 3 seconds. The arms are allowed to move freely during the testing. Allow him to perform 4 practice hops on each leg. Then, have the subject perform 4 trials, recording each distance from the starting point to the back of the heel. Average the distances for each limb.

2.) **Cross-over hop for distance:** This test is set up with a 15cm strip, extending 6 meters. The subject lines his heel up at the zero mark of the tape measure and hops 3 times on one foot, crossing over the center line each time. Each subject should hop as far forward as he can on each hop, but only the total distance hopped is recorded. Allow the subject to perform 4 practice rounds before recording. Average the distances for each limb.

Scoring:

- Begin with the uninvolved leg. If using tape to mark distance, remove it before the next trial to minimize visual cues.
- Greater than a 15% difference in average distance between the right and left limbs should be cause for concern, indicating quad, and hamstring weaknesses that should be addressed prior to return to sport.
- If patient fails test, evaluate and implement appropriate strength/stability/balance exercise strategies. Once resolved, test again.