

## Standard Multi-ligament Reconstruction Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Days 0-10	<ul style="list-style-type: none"> <li>Protect surgical site</li> <li>Decrease pain and inflammation</li> <li>PRICE principles</li> </ul>	<ul style="list-style-type: none"> <li>See specific tissue rehabilitation restriction appendix.</li> <li>Post-op brace on full time. Utilize shower bag to keep limb completely dry.</li> </ul>	<ul style="list-style-type: none"> <li>Touch weight bearing with brace locked in extension using crutches.</li> <li>Cryotherapy: 5-7times per day</li> </ul>
Day 10 to week 6	<ul style="list-style-type: none"> <li>Protect surgical site</li> <li>Decrease pain and inflammation</li> <li>PRICE principles</li> <li>Minimize muscle atrophy</li> </ul>	<ul style="list-style-type: none"> <li>Post-op brace utilized during all rehabilitation exercises, but can be unlocked.</li> <li>Brace removed for showers only.</li> </ul>	<ul style="list-style-type: none"> <li>Partial weight bearing (25% body weight) with brace locked in extension using crutches.</li> <li>Quadriceps sets, gluteal sets, patellar mobilizations, ankle pumps, straight leg raise (flexion). Multi-planar hip strengthening with specific tissue injury restrictions.</li> <li>Cryotherapy: 5-7times per day</li> <li>Initial visit: FOTO, LEFS</li> </ul>
Weeks 6-16	<ul style="list-style-type: none"> <li>Maintain integrity of repair.</li> <li>Establish normal walking mechanics.</li> <li>Obtain full knee range of motion.</li> <li>Build core, hip and lower extremity muscle strength and endurance.</li> </ul>	<ul style="list-style-type: none"> <li>Custom brace should be used 24/7 including rehab.</li> <li>If patient does not have 90 degrees of knee flexion, contact surgical team.</li> <li>No isolated hamstrings strengthening until 16 weeks post-op. If combined PCL and PLC no isolated hamstrings strengthening until 24 weeks post-op.</li> </ul>	<ul style="list-style-type: none"> <li>Begin weight bearing progression by 25% each week crutches and brace unlocked.</li> <li>Discontinue crutches when able to walk without pain or limp.</li> <li>Positional restrictions are removed for range of motion exercises.</li> <li>Core, hip and lower extremity strengthening exercises appropriate for current weight bearing status.</li> <li>Progress proprioceptive exercises when able to bear full weight.</li> <li>PRICE principles as needed.</li> <li>Week 6 and 12: FOTO, LEFS</li> </ul>
Weeks 16-36	<ul style="list-style-type: none"> <li>Maintain integrity of repair.</li> <li>Develop lower extremity endurance, strength, and power.</li> </ul>	<ul style="list-style-type: none"> <li>Avoid cutting, running, pivoting and jumping.</li> <li>Custom brace used 24/7.</li> </ul>	<ul style="list-style-type: none"> <li>Progress core, hip and lower extremity strengthening exercises.</li> <li>Multiple plane proprioceptive exercises.</li> <li>Begin to challenge cardiovascular system with sports specific modifications.</li> <li>Begin isolated hamstrings strengthening. If combined PCL and PLC delay until 24 weeks.</li> <li>Week 24: FOTO, LEFS</li> </ul>
Weeks 36-48	<ul style="list-style-type: none"> <li>Initiate return to sport progression</li> <li>90% LSI on isokinetic strength and functional testing.</li> </ul>	<ul style="list-style-type: none"> <li>Custom brace used 24/7.</li> <li>Return to sport/work based on MD approval.</li> </ul>	<ul style="list-style-type: none"> <li>Low level sport specific activity.</li> <li>Isokinetic testing knee flexion/extension at 60, 180, and 300 degrees/second</li> <li>Single leg hop, Single leg triple hop, and cross-over single leg hop testing</li> <li>Week 36 and anticipated last visit: FOTO, LEFS</li> </ul>



OkorohaPA@gmail.com



600 Hennepin Avenue,  
 Minneapolis MN 55403



Admin Assistant  
 612-313-0531

**Standard Multi-ligament Reconstruction Rehabilitation Protocol Specific  
 Tissue Restrictions**

Tissue	Rehabilitation Modifications
ACL	<ul style="list-style-type: none"> <li>No modifications to rehab.</li> </ul>
PCL	<ul style="list-style-type: none"> <li>Protect posterior translation of tibia for six weeks.</li> <li>Avoid gravity causing posterior glide (e.g. straight leg raise without a brace)</li> <li>No active hamstrings contractions for 8 weeks.</li> <li>Prone straight leg raise (extension) may only be performed with brace locked in extension and no resistance for 8 weeks.</li> <li>Perform prone passive flexion range of motion with support of posterior tibia x 6 weeks.</li> </ul>
PLC	<ul style="list-style-type: none"> <li>Follow PCL rehab modifications for posterior translation of the tibia.</li> <li>Avoid hamstrings contractions for 8 weeks.</li> <li>Avoid rotation and varus stress for a minimum of six weeks.</li> <li>Side-lying abduction straight leg raises may only be performed with brace locked in extension and no resistance for 8 weeks.</li> </ul>
MCL	<ul style="list-style-type: none"> <li>Perform range of motion exercises with foot internally rotated.</li> <li>Avoid excessive valgus forces to the knee joint.</li> <li>Protect hyperextension if the capsule is involved for a minimum of 6 weeks.</li> <li>Side-lying adduction may only be performed with brace locked in extension and no resistance for a minimum of 8 weeks.</li> </ul>
Meniscus Root/Body Repair	<ul style="list-style-type: none"> <li>Focus on form and control</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.  
 Each patient's progress may vary based on specifics to their injury and procedure.



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