

Knee Stabilization Rehabilitation Protocol (multi-ligament with cartilage protection)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> Protect surgical site Manage swelling and pain Achieve and maintain good quadriceps activation Reduce muscle atrophy 	<ul style="list-style-type: none"> PWB with knee brace locked in extension with crutches ROM 0-90 x 4 weeks ROM as tolerated week 5-6 	<ul style="list-style-type: none"> PRICE Quadriceps activation and strength should be emphasized Knee flexion and terminal extension ROM Gentle stretching of hamstrings, calf to tolerance Ankle strengthening OKC straight leg raises all planes (locked in extension) as able Initiate stationary biking without resistance (within ROM limitations) Modalities as indicated Initial Visit: FOTO, LEFS
Weeks 6-8	<ul style="list-style-type: none"> Progressive ROM Reduce effusion to knee Minimize muscle atrophy Ambulate community distances by 12 weeks 	<ul style="list-style-type: none"> WBAT in brace <ul style="list-style-type: none"> Transition to short hinged brace Progressive range of motion (Do not force) No impact (running, cutting, pivoting) Avoid excessive patellar loading (avoid deep knee flexion, knees over toes) 	<ul style="list-style-type: none"> Begin CKC strengthening (avoid anterior knee pain) Limit loaded knee flexion angle to 30 degrees or less Normalize calf, hamstring, quadriceps mobility Modalities as indicated Week 6: FOTO, LEFS
Weeks 8-12	<ul style="list-style-type: none"> Achieve full ROM by 12 weeks Achieve full weight bearing by 12 weeks No effusion to knee Restoring strength of quadriceps, hamstrings, hips 	<ul style="list-style-type: none"> Continue with short hinged brace No impact (running, cutting, pivoting) 	<ul style="list-style-type: none"> Progress CKC into greater ROM (<90), single leg, multi-planar, and with resistance as tolerated Initiate proprioceptive training Initiate bike/elliptical for cardio fitness Week 12: FOTO, LEFS

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.



OkorohaPA@gmail.com



600 Hennepin Avenue,
Minneapolis MN 55403



Admin Assistant
612-313-0531

Weeks 12-24	<ul style="list-style-type: none"> • Preparation for more advanced exercise/activity • Initiation of sport specific drills (per MD) • Ready to begin impact by 6-9 months (per MD) • Normalize asymmetries 	<ul style="list-style-type: none"> • Continue with short hinged brace • Loaded range of motion <90 degrees) • Proper exercise form and control during exercise performance 	<ul style="list-style-type: none"> • Progress strength, endurance, and proprioception • Advance cardiovascular conditioning • Week 24: SGYM with testing <ul style="list-style-type: none"> ○ Y- balance ○ Body weight single leg press ○ Humac testing (90/180 deg/sec) ○ FOTO, LEFS
Weeks 24+	<ul style="list-style-type: none"> • Begin impact training once cleared by MD (jumping, running etc.) • Unrestricted return to activity (Months 9-12) 	<ul style="list-style-type: none"> • Progress from brace per MD clearance • Avoid running/jumping on a painful or swollen knee • Proper form and control during exercise performance 	<ul style="list-style-type: none"> • Advance progressive exercises in all planes • Initiate plyometric activity • Jumping progression (double to single leg) • Return to run program (walk/jog) • Anticipated final visit: SGYM with testing <ul style="list-style-type: none"> ○ Y- balance ○ Humac testing (90/180 deg/sec) ○ Single leg vertical jump ○ Single leg jump for distance ○ Single leg triple jump ○ FOTO, LEFS

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.



OkorohaPA@gmail.com



600 Hennepin Avenue,
Minneapolis MN 55403



Admin Assistant
612-313-0531