

Anatomic Medial Collateral Ligament Knee Reconstruction

Name _____ Date _____

Procedure _____

Procedure Date _____

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

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area. 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. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

*****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°	Cryotherapy for edema control Range-of-motion exercises Quadriceps and hamstring strengthening	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 Normal gait mechanics performed	As tolerated with bilateral crutches Progress to full weight bearing per quadriceps control with no gait deviation	Gradually open fully per quadriceps control Discontinue use when ambulating with full weight bearing and no gait deviation	Full, symmetrical	Initiate closed-kinetic-chain strengthening in bilateral support ($\leq 70^\circ$ of knee flexion) Continue to progress to intermediate core and proximal hip strengthening exercises Initiate basic lower extremity proprioception and balance drills with bilateral support	Limit bilateral squats to $\leq 70^\circ$ of knee flexion No pivoting on a planted foot 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	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	Continue to observe for proper lower extremity alignment and mechanics with closed-kinetic-chain exercise No use of knee extension machine

	≥45° of knee flexion with normal mechanics				Add bilateral support for large muscle group weight training	
Phase 5: 12 to 16 Weeks	Able to perform single-leg squat ≥60° 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 Progress weight training to single-leg Progress lower extremity proprioception and balance drills with surface challenge: BOSU, Airex and DynaDisc	Patient demonstrates good control in concentric and eccentric phases with weight-training exercises Able to preserve proper lower extremity 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	Full weight bearing, no restrictions	No brace except for sports	Full, symmetrical	Continue with weight-room strength training Progress plyometric drills	Avoid functional valgus at knee with deceleration,

	good self-awareness of proper lower extremity alignment during high-level drills Return to sport once strength returns and clinical/objective stability is verified				Progress speed/intensity of agility drills Initiate acceleration/deceleration drills Initiate cutting drills Initiate sport-specific drills	cutting, and jumping drills
--	--	--	--	--	--	-----------------------------

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 _____