

ACL with Posterolateral Corner (PLC) Reconstruction Guideline

Time	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 6	 Reduce pain and swelling Full passive extension Maintain patellar mobility Active quadriceps control Please contact surgical team if full knee extension and unassisted straight leg raise without extensor lag not achieved by week 6. 	 WB: NWB first 2 weeks - 25% from 0-2 weeks, 50% from 4-6 weeks Brace locked in extension with WB; may unlock with ambulation after week 2 No hyperextension No open chain knee extensions No isolated hamstring strengthening with hamstring autograft ROM (check if flexion as tolerated) Weeks 0-2: 0-45° Weeks 2-6: 0-90° per patient tolerance **Defer to operative note for surgeon specific WB instructions with concurrent injuries** 	 ROM (as tolerated) Extension focus to 0° Heel slides, prone knee flexion Quadriceps recruitment/NMES Quad sets, SLR Standing TKE Patellar mobilization Side-lying hip abduction, clamshell Gait training with crutches Initiate BFR; if applicable
Weeks 6-12	 Progress ROM to full end-ranges Progression of quadriceps strength/endurance SLR without extensor lag Normalized gait mechanics DL squat to 70° with good mechanics 	 Progress to full WB by 8 weeks May discharge brace once perform SLR without extensor lag Closed-chain strengthening through limited range at 8 weeks May initiate open kinetic chain exercise 90-0° at 6 weeks (BW only) 90-0° with progressive loading at 10 weeks Avoid painful activities/exercises Avoid varus forces 	 Progress ROM as tolerated Gait training progressing from assistive device Closed-chain strengthening to 70° Multi-angle quad isometrics Light resisted open-chain knee extension (90-30°) Step-ups (forward, lateral) Leg press, wall squat, mini squats Core stabilization exercises Optional therapies: anti-gravity treadmill
Weeks 12-16	 Full, symmetric and pain-free ROM Progress quadriceps strength/endurance Increase functional activities 	 Avoid painful activities/exercises No running, jumping, cutting, pivoting, or twisting 	 Progressive double and single limb strengthening End range flexion and extension Aerobic training on stationary bike, elliptical, stair climber, UBE Progression of balance/proprioception
Months 4-6	 Full, symmetric ROM Progressive resistance training Pass Return to Run criteria (See appendix) No effusion with increased activity 	 Avoid painful activities/exercises No jogging on painful or swollen knee 	 Progress hypertrophy and strength training Continue balance/proprioceptive training Perform Return to Run testing Initiate running program; if applicable
Months 6-9	 Full, symmetric ROM Progress sport specific training Successful progression of return to run program Initiate plyometric and agility training 	 Avoid painful activities/exercises No jogging on a painful or swollen knee No participation in sports 	 Progression of return to jogging program Continue progressive resistive exercise (PRE) Increase intensity of plyometric and agility training Implement ARC Program
Months 9+	 Continue to progress functional strengthening Sport-specific training Pass Return to Sport criteria 	 No participation in sports unless specified by care team Avoid painful activities 	 Continue PRE with strength, power, velocity focus Progress plyometrics and agility Begin sport-specific training Gradual RTS progression if criteria passed

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.



Anterior Cruciate Ligament with PLC Reconstruction Functional Assessment

Phase	Criteria	Testing
Months 4-6 Must meet criteria prior to running	 Full, symmetric ROM Y-balance anterior reach asymmetry < 5 cm Quadriceps strength for isometric test > 80% of uninvolved side Hip abduction strength for isometric test > 80% of uninvolved side 	 Knee assessment including assessment for effusion Passive and active ROM Y-balance anterior reach Isometric knee extension at 60° and 90° with handheld dynamometer (HHD) Isometric hip abduction at neutral with HHD Single leg isometric squat at 60° on 3PQ Forward step-down assessment FOTO, IKDC
Month 8	 Full, symmetric ROM 100% limb symmetry (LSI) for isometric testing 100% LSI for functional testing ACL-RSI > 56 	 Knee assessment including assessment for effusion Passive and active ROM Hop Test Single Hop Triple Hop Crossover hop Isometric knee extension at 60° and 90° with HHD Isometric knee flexion at 60° degrees with HHD Single leg isometric squat at 90° on 3PQ Single leg jump on 3PQ IKDC, ACL-RSI
Month 10+ Must meet criteria prior return to sport	 Full, symmetric ROM 100% LSI for isometric and functional testing ACL-RSI > 56 Safe integration and progression to sport 	 Knee assessment including assessment for effusion Passive and active ROM Hop Test Single-leg triple Hop Medial triple hop Medial rotation hop Isometric knee extension at 60° and 90° with HHD Isometric knee flexion at 60° with HHD Single leg isometric squat at 60° on 3PQ Single leg jump on 3PQ Agility T-test IKDC, ACL-RSI

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.