

## Jordan M. Meiss, MD

## Multiliamentous Knee Reconstruction

This information and protocol is a guideline, individual variations and changes will apply

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-6 PT 2x/week HEP daily	Full passive extension Begin knee flexion Patella mobility Edema and pain control SLR without lag Promote independence	NWB (TTWB for transfers only) Brace locked at 0° for ambulation Brace locked at 0° for sleeping Brace unlocked for ROM exercises only	P/AA extension to 0° P/AA knee flexion to 90° Short crank ergometry Patella mobilization Quad re-education and SLR with brace locked in extension Hip/Core training
Weeks 6-12 PT 2x/week HEP daily	Progress WB and brace as directed Progress to full ROM Advance isometric quad/hamstrings Improve ADL endurance	Gradually progress WB  Week 7: 25% WB with brace locked in extension  Week 8: 50% WB with brace locked in extension  Week 9: 75% WB with brace unlocked 0-30°  Week 10: WBAT with brace unlocked 0-90°  DC brace after week 10 if adequate quad  No resisted knee flexion or hyperextension	End range stretching Weighted prone heel hangs Quad/hamstring isotonics Begin and advance closed-chain strengthening 0-90° once full WB (Week 10) Pulley weights, therabands
Weeks 12-26 PT 1-2x/week HEP daily	Full ROM Advance strengthening Maximize strength/flexibility	WBAT Aggressive stretching to end range Avoid painful activities No running	End range stretching Closed chain resistance
Weeks 26+ PT 1x/week HEP daily	No apprehension with sport specific movements Maximize strength and flexibility to meet sporting/ occupational demands Hop Test >85% limb symmetry	WBAT Avoid painful activities No return to sport until MD clearance	Initiate forward running program Initiate and advance flexibility/agility/plyometrics Sport specific training