Rehabilitation Protocol:
ACL PLC (Posterolateral Corner) Reconstruction

Name: ____________________________________________________________  Date: __________________________

Diagnosis: ______________________________________________________  Date of Surgery: ________________

EARLY PHASE (Weeks 0-4)

- Weight Bearing and Range of Motion
  - 0-6 weeks: toe-touch weight bearing w/ crutches
  - ROM: A/AAROM 0-90° as tolerated
- Brace Use:
  - Locked in full extension at all times other than PT
- Therapeutic Elements:
  - Modalities as needed
  - Patella Mob; SLR’s with electric stim.; co-contractions, prone hangs
  - Estim; Cocontractions
  - No abduction of hip or leg at any time.
  - No prone hangs if PCL reconstruction!!
- Goals:
  - a/aa/ROM: 0-0-90
  - Control pain/swelling
  - Quad control

RECOVERY PHASE (Weeks 5-8)

- Weight Bearing and Range of Motion:
  - Discontinue crutches at week 6
- Brace Use:
  - At all times, open to AROM; discontinue at week 8
- Therapeutic Elements:
  - Continue above
  - Gentle hip abduction with no resistance below knee
  - Wall-sits 0-45
  - Mini-squats with support 0-45
  - Carpet drags (not with PCL reconstruction!!)
  - Pool therapy
  - Treadmill walking by 8 weeks
- Goals:
  - a/aa/ROM: 0-0-110 by 6 weeks and free by 8 weeks
  - SLR x 30
  - No effusion

STRENGTHEN PHASE (Weeks 8-12)

- Weight Bearing and Range of Motion:
  - Full
- Therapeutic Elements:
  - Continue above with increased resistance
  - Step-downs
  - Treadmill
  - Stretching
Begin prone hangs and HSL (if PCL reconstruction)

- **Goals:**
  - Walk 1-2 miles at 15 min/mile pace

**REINTRODUCTION PHASE (Months 3-5)**

- **Weight Bearing and Range of Motion:**
  - Full

- **Brace Use:**
  - None
  - If return to sport, fitting for custom brace by 5 months
  - **Can start jogging/running at 6 months**

- **Therapeutic Elements:**
  - Slide boards
  - Begin agility drills
  - Figure 8’s
  - Gentle loops
  - Large zig-zags
  - Swimming
  - Begin plyometrics at 4 months

- **Goals:**
  - Treadmill (walk 1-2 miles at 10-12 min/mile pace)
  - Return to competitive activities

**Comments:**

**Frequency:** ______ times per week  
**Duration:** ______ weeks

**Signature:** _______________________________  
**Date:** _______________________________