



# Multi-Ligamentous Knee Reconstruction

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Patient Name	Date
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**Procedure:**  Right  Left Knee  ACL +/-  PCL +/-  Posterolateral Corner +/-  Posteromedial Corner/MCL  
**Associated Procedure:** (check if applicable)  Meniscectomy/Menisal Repair  High Tibial Osteotomy/Distal Femoral Osteotomy

- Evaluate and Treat – no open chain or isokinetic exercises
- Provide patient with home exercise program

**Phase I (0-6 wks):** *Period of protection\*\*\**

- **Non weight-bearing with brace locked in extension.** Touch down weight-bearing is allowed for transfers only. Brace at all times except for PT, hygiene.
- **ROM:** brace should be locked in extension for weeks 0-2. Starting in week 3 gentle PROM 0-30 in brace, begin progressive passive and active-assisted ROM from 0 to 90 degrees. Goal: full extension to 90 degrees of flexion by week 6.
- **Patellar mobilization:** 5-10 minutes daily.
- **Strengthening:** quad sets, SLRs with knee locked in extension. No restrictions to ankle/hip strengthening.

**Phase II (6-12 wks):** *Transition phase.*

- **Gradually progress weight bearing with the brace progressively unlocked.** Week 7: 25% weight bearing with brace locked in extension; Week 8: 50% weight-bearing with brace locked in extension, Week 9: 75% weight-bearing with brace unlocked 0-30, Week 10: full-weight-bearing with brace unlocked 0-90. D/C brace after week 10 if good quad control achieved.
- **ROM:** Advance active and passive ROM as tolerated. End range stretching may be accompanied by weighted prone heel hangs if full extension is not yet achieved. In some cases, static progressive bracing may be prescribed. Goal: full motion by 3 months.
- **Strengthening:** Advance isometric quad and hamstring strengthening. Begin and advance closed-chain strengthening (0-90 degrees) once full-weightbearing (ie. Week 10). Add pulley weights, theraband, etc.

**Phase III (3-9 months):** *Advance conditioning and transition back to full activities.*

- Aggressive end-range stretching if full ROM not yet achieved.
- Advance strengthening as tolerated, with an aggressive focus on closed-chain exercises. Increase resistance on equipment.
- Begin plyometrics and increase as tolerated, starting sport-specific drills around 4-6 months.
- Begin to wean from formal supervised therapy encouraging independence with home exercise program.
- Patients may return to full activities once motion is adequate and strength is at least 80% of the opposite side (usually around 9 months postoperatively).
- MMI is variable - depending on the extent of reconstruction - but is usually by 9-12 months post-reconstruction.

**Other:**

- Modalities
- Heat before/after
- May participate in aquatherapy after week three, begin aqua-running week 6
- Electrical Stimulation
- Ultrasound
- Ice before/after exercise

**Frequency:** \_\_\_\_\_ x/week x \_\_\_\_\_ weeks

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.**

**This patient \_\_\_\_\_ would \_\_\_\_\_ would not benefit from social services.**

Physician Signature	Date
Printed Name	