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Rehabilitation Protocol: LCL Reconstruction/Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weightbearing:** Non-weight bearing with crutches
- **Hinged Knee Brace:**
 - Locked in full extension for ambulation and sleeping (**Weeks 0-1**)
 - Unlocked for all activities – removed for therapy sessions (**Weeks 1-6**)
- **Range of Motion – Weeks 0-1:** None, **Weeks 1-6:** as tolerated in unlocked brace
- **Therapeutic Exercises**
 - Quad sets and ankle pumps
 - Straight-Leg Raise with brace in full extension until quad strength prevents extension lag
 - Hip abduction/adduction (RESISTANCE MUST BE PROXIMAL TO THE KNEE)
 - Hamstring/Calf stretch – Calf press with theraband progressing to standing toe raises with knee in full extension

Phase II (Weeks 4-12)

- **Weightbearing:** As tolerated. Wean crutches-- discontinue crutch use when can ambulate without limp, at 6-8 weeks post-op
- **Hinged Knee Brace:** unlocked for all activities, **Discontinue brace at 8 weeks post-op or**
- **Range of Motion**–Maintain full knee extension–work on progressive knee flexion (Goal of 110° by week 6)
- **Therapeutic Exercises**
 - Gait training, wall slides (0-30°), Mini-squats (0-30°), Stationary bicycle (with seat raised), Closed-chain terminal knee extension, Leg press (0-70°), Balance and proprioception activities
 - No isolated hamstring exercises until 4 months postoperatively

Phase III (Weeks 12-16)

- **Weightbearing:** Full weightbearing with normalized gait pattern
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - Advance closed chain strengthening exercises, progress with proprioception/balance activities
 - Maintain flexibility
 - **Begin treadmill walking – progress to jogging and side-to-side activities (if cleared by MD at 3 month appointment)**

Phase IV (4 months and beyond)

- Maintain strength, endurance and function – initiate plyometric program
- Begin cutting exercises and sport-specific drills
- **Return to sports as tolerated**
- **COMBINED INJURIES CLEARED FROM LCL REHAB AND NOW FOLLOW ACL/PCL OR OTHER PROTOCOL**

Comments: AVOID ACTIVE HAMSTRING ACTIVITY FIRST 4 MONTHS

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____