Murphy Wainer Orthopedic Specialists
A Division of Southeastern Orthopaedic Specialists, P.A.

Dax Varkey MD, MPH
Caroline McBane PA-C
1130 N. Church Street, Suite 100
336-375-2300 (tel)
336-375-2314 (fax)

Patient: _____ Date of Surgery: _____

Procedure: Right/Left Multi-ligamentous reconstruction

ACL +/- PCL +/- Posterolateral corner +/- MCL

Associated Procedure (*circled if applicable*): Meniscectomy/Meniscal Repair, Patellar tendon repair, Tibial plateau fracture

****If PCL or Posterolateral Corner – No resisted knee flexion or hyper-extension for 6 months**

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

Weight bearing: TDWB with crutches/walker at all times
Brace: Hinged knee brace locked in extension at all times.
ROM: Progress through passive, active and resisted ROM as tolerated. Goals of full extension and 90° flexion by week 6.
Ice: Not directly on skin. Recommend as much as possible. 5x/day, 20 min/session for first 2 weeks. Then after activity at minimum.
Exercises: Extension board and prone hang. Patellar mobilization 5-10 min daily. Quad sets, SLR with knee locked in extension. No restrictions on ankle and hip strengthening.

Note: if a meniscal repair was done simultaneously, please amend the above with the following restrictions:
-WBAT with brace limited to 0-90 degrees x 4 weeks
-Limit ROM 0-90 degrees x 4 weeks
-No tibial rotation x 4 weeks

Phase II (6-12 wks): *Transition to weightbearing*

Weight bearing: Beginning week 6 gradually over 3 weeks progress to full. Plan typically to wean from two crutches to 1 crutch to crutch free over a 3 week period. Full WBAT after completion ~9 weeks
Brace: Discontinue while sleeping but used for all ambulation and weightbearing exercises. Once full weightbearing ok to unlock week 9 0-30°, week 10 0-90°. Discontinue if patient comfortable ambulating without between week 11-12.
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.
Ice: Not directly on skin. Recommend as much as possible, at minimum after therapy.
Exercises: Advance isometric quad and hamstring strengthening. Begin and advance closed-chain strengthening (0-90 degrees) once full-weightbearing (ie. Week 9-10). Add pulley weights, theraband, etc.

Phase III (3-9 mo): *Advanced conditioning and transition to full activities*

Murphy Wainer Orthopedic Specialists
A Division of Southeastern Orthopaedic Specialists, P.A.

Dax Varkey MD, MPH
Caroline McBane PA-C
1130 N. Church Street, Suite 100
336-375-2300 (tel)
336-375-2314 (fax)

Weight bearing: Full
Brace: None required. For patient comfort hinged neoprene sleeve.
ROM: No limitation. Aggressive end range stretching if full ROM not yet achieved.
Exercises: 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 9 months. Begin to wean from formal supervised therapy encouraging independence with home exercise program.
Jogging: Begin straight ahead jogging program if core and hip strength appropriate at 6 mo post-op.

Patients may return to full activities once motion is adequate and strength is at least 80% of the opposite side (usually around 10-12 months postoperatively). MMI is variable - depending on the extent of reconstruction - but is usually by 9-12 months post-reconstruction.

Frequency: _____x/week x _____weeks

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

_____ **Date:**_____

Dax Varkey MD, MPH