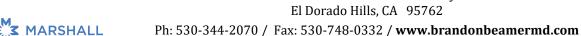
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Notes:

*This protocol is designed to serve as a guide for the rehabilitation process. It is not intended to supersede clinical judgment and decision making. Progression rough each phase is designed to allow for maximal tissue healing of repaired tissues and is based on scientific evidence and clinical

experience

Estimated Return to Sport / Work:

Phase III – Tissue Remodeling/Hypertrophy Phase (weeks 8-20)

Goals: 1)Full knee AROM

2)Improve eccentric quad control

3)Strength progression

ROM: PROM/AAROM/AROM (0-MD prescribed limit)

Exercise: Standing calf raises

Standing Mini Squat^{1,2}

Step up/Down

Single Leg Balance/Proprioception Exercises

Lateral Motions/Stepping9

Swim^{1,2,3} **CV Exercise:**

Bike^{1,2,3} Elliptical^{1,2,3}

Criterion for Progression:

1)No pain or edema/effusion

2)20 reps to 60 degrees single leg squat with eccentric control and good lower extremity alignment

3)Quad strength >80% of uninvolved LE (10RM single leg press or isokinetically if available)

4)Normal clinical exam

Phase IV – Sport Specific Training (weeks 20+)

Goals: 1)Begin to sport specific drills

2)Begin jogging progression

3) Normalize neuromuscular control

4) Normalize jumping/landing mechanics if indicated

5)Prepare for return to sport

OC Knee Flexion Resisted (90-0)^{7,9,11} **Exercise:**

> Begin jogging progression (week 20) Begin agility progression (week 20) Begin plyometric progression (week 20) Progress on sport-specific training

Criterion for Return to Sport: (Recommend combination testing of strength, agility, and power according to available resources/clinic setting)3

1)No pain or swelling

2)Quad strength > 90% of uninvolved (10RM leg press or isokinetic testing)¹²

3)IKDC (MCID 6.3@ 6mo; 16.7 @ 12 mo)^{2,4,5,16}

4)Confidence Question17

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	Isolated LCL Repair/Reconstruction			
Weight Bearing	Phase	Phase I – Tissue Protection/Healing Phase (weeks 0-3) Goals: 1)Reduce pain 2)Reduce effusion 3)Minimize scar adhesion formation 4)Achieve full knee extension ROM 5)Facilitate quadriceps activation 6)Protect from varus stress		
□ NWB x wks □ TDWB x wks □ PWB% x wks □ WBAT □ Brace Locked in Ext x wks	Goals			
Brace Brace: weeks		·	M/AAROM/AROM (0-MD prescribed limit)	
With Sleep:weeks		Exercise:	Quad Isometrics ^{1,11} SLR flex/abd (in brace) ^{2,8} Open chain knee extension 90-0 ^{4,6,7,10}	
ROM		Manual:	Seated Calf Press ^{4,6} Patella Mobilizations ^{17,18}	
☐ Full ROM ☐ Locked full ext xwks ☐ Locked at° xwks		Modalities:	Scar Mobilization ^{17,18} Cryotherapy ¹²⁻¹⁶ Functional Electrical Stimulation ¹¹	
☐ ROM limits° to° xwks° to° xwks° to° xwks	<u>Crite</u>	2)Full knee	ession: y quadriceps isometric contraction extension AROM sor lag with SLR	
СРМ		4)Good patellar mobility		
□° to° xwks □ 30-70° û 10°/d @ dir		Phase II- Tissue Proliferation Phase/Progression Phase (weeks 4-8)		
□ None	Goals	1)Pain and e2)Progress to3)Improve ko	owards FWB	
☐ Recommended Clinical Guidelines		• •	rogression – develop functional quad control	
WB: NWB week 1-2 TDWB week 3-4 PWB 25% week 5 PWB 50% week 6-7 FWB week 8 ROM: 0-90 week 1-2 0-120 week 3-6 0-130 week 9-12 Brace: Locked in ext weeks 0-3		Bike	M/AAROM/AROM (0-MD prescribed limit) for ROM (when flexion = 105+ degrees) ^{1,2,11} g/Cone Walking Calf Press (per WB restriction) Leg Press (70-0)(per WB restriction) ^{2,4,6,7,11} Continue PRN Continue PRN	
☐ Precautions No tibial ER in knee flex/ext¹,2,3,4,5,7 Brace at all times x 8 weeks except ROM and bike Unlock brace with gait when pt has no quad extension lag	<u>Crite</u>	2)Knee ROI 3)Full patel	ession: to no edema/effusion M 0-120 degrees llar mobility e on level surfaces with good quad control	