

POST-OPERATIVE MULTI-LIGAMENT RECONSTRUCTION PROTOCOL: COMBINED ANTERIOR CRUCIATE LIGAMENT AND MEDIAL COLLATERAL LIGAMENT

- Ensure patient achieves milestone prior to progression.
- No return to contact sports prior to 9 months post-op.
- Return to gentle non-contact, non-competitive sports at physiotherapist's discretion but must be over 8 months post-op.
- Any problems during rehabilitation please contact your physiotherapist or your Consultant Secretary.

PHASE 1: Post reconstructive surgery. Day 1 to day 14.

Goal	Treatment	Milestones to Progress
Graft protection	<ul style="list-style-type: none"> • Cricket pad splint to be worn at all times when mobilizing and for sleeping • Use of crutches TOUCH WB ONLY 	<ul style="list-style-type: none"> • Ensure patient has attended first post-operative clinic review (at 2 weeks post-op)
Minimise swelling and pain	<ul style="list-style-type: none"> • Use of ice or Game Ready if available • Elevate leg • Ensure adequate pain relief 	
Prevent post-operative complications	<ul style="list-style-type: none"> • Circulatory exercises • Patella mobilization 	
Maintain muscle strength	<ul style="list-style-type: none"> • Regular static quads • SLR if able 	

PHASE 2: 2 weeks to 6 weeks

Goal	Treatment	Milestone to Progress
Graft protection	<ul style="list-style-type: none"> Hinged knee brace (no limit to extension, flexion limited to 90°) to be worn at all times when mobilizing. Cricket pad split to be worn in bed Use of crutches PARTIAL WB ONLY 	<ul style="list-style-type: none"> Minimal effusion Full or nearing full extension 90° knee flexion SLR with no lag (10 reps) Normal, symmetrical gait pattern with crutches Ensure patient has attended their 6 week clinic review
Minimise swelling and pain	<ul style="list-style-type: none"> Use of ice or Game Ready Ensure adequate pain relief Elevate leg 	
Regain full range of extension/hyperextension (compare to non-operative knee)	<ul style="list-style-type: none"> Extension exercises: static quads, heel props, prone hanging Passive stretching 	
Increase knee flexion as pain allows	<ul style="list-style-type: none"> Active flexion exercises Passive flexion over edge of bed Patella mobilisations 	
Improve quads control and muscle strength	<ul style="list-style-type: none"> Static quads, SLRs. Ensure patient can SLR with no lag Co-contraction quads and hams Hamstring curls Early gluteal strengthening Early core stability strengthening 	
Ensure flexibility	<ul style="list-style-type: none"> Hamstrings and calf stretches 	
Restoration of normal gait pattern	<ul style="list-style-type: none"> Gait re-education with elbow crutches, PWB 	
Attention to donor leg if graft harvested from contralateral side	<ul style="list-style-type: none"> Restore full range of motion ASAP Commence muscle strengthening Commence muscle stretching 	

PHASE 3: 6 weeks to 12 weeks

Goal	Treatment	Milestone to Progress
Graft protection	<ul style="list-style-type: none"> Hinged knee brace (no restriction to ROM) to be worn at all times when mobilizing. 	<ul style="list-style-type: none"> Minimal/no activity related effusion Full range of extension Normal gait pattern without crutches Full range of flexion Single leg stand eyes shut at least 5 seconds Bilateral squat, thighs parallel to floor with even, symmetrical weight bearing Ensure patient has attended 12 week clinic review
Minimise swelling and pain (ensure no swelling before progression) Prevent anterior knee pain	<ul style="list-style-type: none"> Continue as above, as necessary Patella mobilisations 	
Regain/maintain full range of extension/hyperextension (compare to non-operative knee)	<ul style="list-style-type: none"> Extension exercises as above Passive stretching 	
Restoration of normal gait pattern	<ul style="list-style-type: none"> Commence FWB, wean off crutches 	
Regain full range of flexion	<ul style="list-style-type: none"> Active flexion exercises with overpressure Progress to quads stretch Passive stretching as required Hydrotherapy as required 	
Improve quads, hamstring and general lower limb strength	<ul style="list-style-type: none"> CKC – wall slide squats with gym ball, squats, lunges, leg press, single leg squats etc. Hamstring curls, bridging Calf raises, hip extensions, hip abd/add, glut med/max 	
Increase aerobic capacity	<ul style="list-style-type: none"> Exs bike Treadmill walking (incline) Step ups Cross trainer Rower 	
Improve proprioception	<ul style="list-style-type: none"> Single leg stand eyes open/eyes closed Wobble board Sitfit Trampette 	
Neuromuscular control	<ul style="list-style-type: none"> Core stability work Knee alignment/prevent hip IR/knee valgus – squats, lunges, step ups (ensure good hip/knee/ankle alignment) 	

PHASE 4: Upon achievement of phase 3 milestones. From 12 weeks.

Goal	Treatment	Milestone to progress
Control activity related swelling and pain	<ul style="list-style-type: none"> • Use of cryotherapy post exercise if knee swells with increased activity 	<ul style="list-style-type: none"> • Minimal/no activity related effusion • Full ROM • Normal gait and stair pattern – good alignment and control • 10 x single leg squats to 60° with good biomechanical alignment and control (i.e. no valgus and good hip/knee/ankle alignment)
Regain/maintain full range of movement	<ul style="list-style-type: none"> • Continue stretches 	
Normalise gait and stair pattern	<ul style="list-style-type: none"> • Discontinue brace on instruction at 12 week clinic review (continue with brace if patient has not attended clinic). • Treadmill walking – forward/backward/incline 	
Improve quads, hamstring, and general lower limb strength	<ul style="list-style-type: none"> • Continue CKC – double & single leg press, squats, single leg squats, lunges, increase weight • Hamstring curls – double & single leg, increase weight • Gluteals, calf, adductors 	
Increase aerobic capacity	<ul style="list-style-type: none"> • Exs bike • Treadmill walking • Step ups • Cross trainer • Rower • Pool walking/running 	
Improve proprioception	<ul style="list-style-type: none"> • Single leg stand eyes closed • Wobble board • Sitfit • BOSU • Trampoline 	
Neuromuscular control	<ul style="list-style-type: none"> • Core stability work • Knee alignment/prevent valgus as above – add trunk rotation 	
Commence bilateral load acceptance/ early plyometrics	<ul style="list-style-type: none"> • Bilateral drop jumps • Jumps with symmetrical squat landing • Progress to straight line jogging when good load acceptance 	

PHASE 5: Upon achievement of phase 4 milestones.

Goal	Treatment	Milestone to progress
No swelling or pain	<ul style="list-style-type: none"> Continue as above if necessary 	<ul style="list-style-type: none"> Normal straight line running pattern Single leg press >75% body weight Single leg stand eyes shut >80% unaffected leg Hop tests >85% LSI: single hop, triple hop, cross over hop, 6m timed hop, side to side hop
Normal straight line running pattern without pain and in full control	<ul style="list-style-type: none"> Progress from jogging to running Increase speed/distance Change surface/incline Forward running/backward running 	
Increase muscle strength and endurance	<ul style="list-style-type: none"> Increase load on strengthening exs (60-80% 1RM) Single leg press – push for >75% x body weight Commence open chain quads and gradually increase resistance 	
Improve proprioception	<ul style="list-style-type: none"> Increase dynamic proprioception 	
Progress bilateral load acceptance/commence unilateral load acceptance/plyometrics	<ul style="list-style-type: none"> Tuck jumps with stable landing Squat jumps, forward/ back/ rotational Bilateral plyometric static and multi-plane exs Single leg hop with controlled landing Forward, side hops/ drops from step with controlled single leg landing Unilateral plyometric static and multi plane activities 	

PHASE 6: SPORTS SPECIFIC. Upon achievement of phase 5 milestones.

Goal	Treatment	Milestone to progress
Increase muscle strength and endurance	<ul style="list-style-type: none"> • Increase load on resistance work 	<ul style="list-style-type: none"> • Symptom free sports specific training • Hop tests >90% LSI : single hop, triple hop, cross over hop, 6m timed hop, side to side hop • Single leg stand eyes shut, equal to unaffected side
Progress unilateral load acceptance and work to fatigue	<ul style="list-style-type: none"> • As above – increase speed/intensity to fatigue 	
Commence sports specific running agility drills	<ul style="list-style-type: none"> • Sprinting • Cutting and pivoting • Acceleration/deceleration 	
Commence sports specific skills	<ul style="list-style-type: none"> • Ball skills • Dribbling • Boxing • Kicking • Sports specific activity with controlled opposition e.g. one on one practice drills 	
Neuromuscular control following fatigue	<ul style="list-style-type: none"> • Ensure ability to control alignment under random practice and after fatigue 	
Return to non-contract sports (only when nearing 8 months post-op)	<ul style="list-style-type: none"> • Golf/gentle racquet sports 	

PHASE 7: FULL UNRESTRICTED SPORTS TRAINING. Upon achievement of phase 6 milestones. MUST BE AT LEAST 9 MONTHS POST-OP

Goal	Treatment
Symptom free training	<ul style="list-style-type: none"> • Full, unrestricted training
ROM and muscular flexibility equal to other side	<ul style="list-style-type: none"> • Continue stretching
Good results of all functional testing	<ul style="list-style-type: none"> • Functional tests prior to returning to contact sports
Return to full unrestricted, confident activity	<ul style="list-style-type: none"> • Progress to uncontrolled practice situations and competition

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