

ACL Reconstruction with MCL or LCL/PLC Surgery

Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Collateral: ☐ MCL / POL ☐ LCL ☐ LCL + PLC	Collateral procedure: ☐ Repair ☐ Reconstruction	Full weight bearing at ___6___ wks
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. Follow Dr. Wollenman's ACL Reconstruction protocol with the added restrictions below. The collateral repair or graft is the rate-limiting structure for the first 4 months: weight bearing is protected for 4-6 wks, and varus/valgus and rotational stress is avoided for 4 months. Stiffness is the most common complication of combined ligament surgery — early motion matters as much as protection. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect the collateral; control pain and effusion - Full extension from day 1; flexion 90° by wk 2, ≥120° by wk 6 - Quad activation; SLR without lag - Patellar mobility	Precautions - Touch-down (foot-flat, ≈20 lb) weight bearing with crutches for 6 wks - Hinged brace: locked in extension for walking and sleep; for exercises 0–90° wks 0–2, then open - Flexion 0–90° for 2 wks, then as tolerated; no forced hyperextension If MCL / POL: no valgus or tibial rotation stress; may advance to 50% weight-bearing ~wk 4 If LCL / PLC: no varus, tibial external rotation, or hyperextension; no side-lying hip abduction; no active or resisted hamstring curls; no crossing the legs - No running, jumping, or pivoting	Treatment Focus - Cryotherapy, compression, patellar mobilization - Heel slides with the tibia supported; prone hangs - Quad sets, SLR in the brace until no lag; NMES; BFR if available from wk 2 - Ankle pumps, calf, hip extension, core - Bike without resistance for ROM from wk 4
► Advance to Phase 2 when: ≥6 wks, full extension, flexion ≥120°, effusion ≤1+, SLR without lag.			
Phase 2 Weeks 6–12	Goals - Full weight bearing and normal gait by ≈8 wks - Full ROM by 10–12 wks - Begin closed-chain strengthening - Single-leg balance	Precautions - Progress to full weight bearing over 2 wks: 2 crutches → 1 → none - Post-op brace off once gait is normal; functional hinged brace for weight-bearing activity until 4 months - Collateral precautions continue (varus/valgus, rotation; LCL/PLC — no resisted hamstring curls) - Closed chain 0–70°; open-chain knee extension 90–45° from wk 8 - No running, jumping, or pivoting	Treatment Focus - Gait training; pool walking once incisions are healed - Leg press, double-leg squats, bridges, step-ups (sagittal plane) - Bike with resistance; elliptical from wk 12 - Double- → single-leg balance - Hip and core strengthening
► Advance to Phase 3 when: normal gait without a device, full ROM, effusion ≤ trace, single-leg stance 30 s, closed-chain work pain-free.			
Phase 3 Months 3–6	Goals - Quad LSI ≥70% by 4 months - Collateral precautions lifted at 4 months - Begin running at ≥16 wks once criteria are met	Precautions - Until 4 months: no varus/valgus or rotational loading and no frontal-plane or pivoting drills; LCL/PLC — resisted hamstring curls begin at 4 months - Running not before 16 wks: quad LSI ≥70%, full ROM, no effusion - No cutting, pivoting, or sport	Treatment Focus - Progressive resistance with single-leg emphasis - Walk-jog progression from ≥16 wks - From 4–5 months: lateral movement (shuffle, carioca), double-leg landing, low-level plyometrics - Single-plane agility from ≈20 wks - Strength testing at 4 and 6 months
► Advance to Phase 4 when: quad and hamstring LSI ≥80%, running 20 min without pain or effusion, stable to varus/valgus on exam, good double-leg landing mechanics.			

Phase	Goals	Precautions	Treatment Focus
Phase 4 <i>Months 6–9</i>	Goals - Strength and hop battery LSI $\geq 90\%$ - Multidirectional agility and controlled cutting - Psychological readiness	Precautions - No competition - Reactive and contact drills last	Treatment Focus - Heavy bilateral and unilateral strength; eccentric emphasis - Sprinting, acceleration/deceleration, cutting $45^\circ \rightarrow 90^\circ$ - Single-leg plyometrics - Sport-specific drills
► Advance to Phase 5 when: strength and hop LSI $\geq 90\%$, no effusion or instability, full-speed sport drills without symptoms.			
Phase 5 <i>Months 9–12</i>	Goals - Graded return to practice, then competition - Injury-prevention program established	Precautions - Return to sport not before 9 months, and only when all criteria are met - Functional brace for sport until minimum 2 yrs from surgical date	Treatment Focus - Non-contact $\rightarrow$ contact practice $\rightarrow$ competition - Maintenance strength 2–3x/wk
► Full Release (typically ~12 months): full ROM, no effusion, stable exam, strength and hop LSI $\geq 90\%$, ACL-RSI >68 , sport-specific progression completed, cleared by physician.			

Special Considerations

- Flexion $<90^\circ$ at 6 wks, or loss of extension — contact the surgeon early
- New foot drop or numbness over the top of the foot after lateral-side surgery (peroneal nerve) — contact the surgeon

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.