

Knee Stabilization Rehabilitation Protocol (multi-ligament with cartilage protection)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	- Protect surgical site - Manage swelling and pain - Achieve and maintain good quadriceps activation - Reduce muscle atrophy	- PWB with knee brace locked in extension with crutches - ROM 0-90 x 4 weeks - ROM as tolerated week 5-6	- PRICE - Quadriceps activation and strength should be emphasized - Knee flexion and terminal extension ROM - Gentle stretching of hamstrings, calf to tolerance - Ankle strengthening - OKC straight leg raises all planes (locked in extension) as able - Initiate stationary biking without resistance (within ROM limitations) - Modalities as indicated - Initial Visit: FOTO, LEFS
Weeks 6-8	- Progressive ROM - Reduce effusion to knee - Minimize muscle atrophy - Ambulate community distances by 12 weeks	- WBAT in brace - Transition to short hinged brace - Progressive range of motion (Do not force) - No impact (running, cutting, pivoting) - Avoid excessive patellar loading (avoid deep knee flexion, knees over toes)	- Begin CKC strengthening (avoid anterior knee pain) - Limit loaded knee flexion angle to 30 degrees or less - Normalize calf, hamstring, quadriceps mobility - Modalities as indicated - Week 6: FOTO, LEFS
Weeks 8-12	- Achieve full ROM by 12 weeks - Achieve full weight bearing by 12 weeks - No effusion to knee - Restoring strength of quadriceps, hamstrings, hips	- Continue with short hinged brace - No impact (running, cutting, pivoting)	- Progress CKC into greater ROM (<90), single leg, multi-planar, and with resistance as tolerated - Initiate proprioceptive training - Initiate bike/elliptical for cardio fitness - Week 12: FOTO, LEFS

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.
Each patient's progress may vary based on specifics to their injury and procedure.



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Weeks 12-24	• Preparation for more advanced exercise/activity • Initiation of sport specific drills (per MD) • Ready to begin impact by 6-9 months (per MD) • Normalize asymmetries	• Continue with short hinged brace • Loaded range of motion <90 degrees) • Proper exercise form and control during exercise performance	• Progress strength, endurance, and proprioception • Advance cardiovascular conditioning • Week 24: SGYM with testing ○ Y- balance ○ Body weight single leg press ○ Humac testing (90/180 deg/sec) ○ FOTO, LEFS
Weeks 24+	• Begin impact training once cleared by MD (jumping, running etc.) • Unrestricted return to activity (Months 9-12)	• Progress from brace per MD clearance • Avoid running/jumping on a painful or swollen knee • Proper form and control during exercise performance	• Advance progressive exercises in all planes • Initiate plyometric activity • Jumping progression (double to single leg) • Return to run program (walk/jog) • Anticipated final visit: SGYM with testing ○ Y- balance ○ Humac testing (90/180 deg/sec) ○ Single leg vertical jump ○ Single leg jump for distance ○ Single leg triple jump ○ FOTO, LEFS

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