

Posterior Oblique Ligament Advancement for Posteromedial Rotary Instability- Rehabilitation Protocol

General Guidelines: Immediate Post-op

- **No passive extension or active flexion exercises**
- Gentle flexion PROM is permitted within MD limitations (usually 90 degree limit for the first 2 weeks and then slow ROM progression as the capsular structures allow- use pain as a guide)
- **Only active extension ROM exercises for the first 6 weeks**
- **NWB with bilateral crutches and brace for the first 6 weeks**
- Brace locked at 30 degrees for the first week and then opened by MD or lead PT or ATC to the patient's available ROM. Brace can be opened as the patient's active Rom progresses. The brace should never be opened to a range which forces ROMN or passively stretches the patients

Post-op Weeks 0-2

- Patella mobilizations, ankle pumps, and quad sets performed with the knee supported within the patient's available ROM.- less support can be given as the patient achieves extension ROM
- Brace opened in patient's available ROM
- Supine SLR performed with the knee supported- instruct the patient to emphasize a quad set with maximum knee extension as they raise the leg
- Modalities for pain and swelling

Post-op Weeks 2-4

- Hip abduction and extension SLR- emphasize knee extension as they raise the leg (**Hip adduction SLR should never be performed**)
- AROM for extension and PROM flexion
- SAQ can be added at 3 weeks
- Supine SLR performed in sets of 10- no ankle weights added until the patient can perform 8 sets of 10 with good form (add ankle weights in 1 pound increments)
- Hamstring and calf stretching with the knee supported- emphasis on muscle flexibility, and not capsular stretching
- Theraband ankle PF with the knee supported
- Brace opened in patient's available ROM
- Modalities for pain/inflammation
- Functional e-stim of quadriceps

Post-op Weeks 4-6

- Standing hip flexion, abduction, and extension T-band or cable column exercises
- Active standing TKE with minimal WB-emphasis on active concentric quad contraction and eccentric soleus contraction (the heel should stay on the ground)
- Brace opened in patient's available ROM
- Multi-angle quadriceps isometrics

- Seated calf raises
- Modalities continued

Post-op Weeks 6-8

- WBAT with bilateral crutches and a fully opened brace if the patient's ROM is within 10 degrees of full extension
- PROM for knee extension to achieve the last 10 degrees
- Gait training should emphasize full knee extension with a quad contraction as the heel contacts the ground, continued knee extension and quad contraction during mid-stance, and knee flexion with ankle plantarflexion at toe off. Common compensations include knee flexion at heel strike, excessive hip and trunk flexion at heel strike, early knee flexion at mid-stance, and hip hiking at toe off. All compensations should be minimized. Retro treadmill or forward treadmill on an incline can be utilized to achieve terminal knee extension during gait training.
- Bike
- Low-level proprioception exercises
- Leg Press
- Progress SAQ to FAQ
- Modalities and functional e-stim as symptoms indicate

Post-op Weeks 6-10

- Rehab to emphasize quad strengthening, achieving full ROM, and correcting any gait deviations
- Brace discontinued from 6-8 weeks pending patient's ROM and symptoms-continue the brace at night locked in full extension if patient has a flexion contracture
- Wean crutches from 2 to 1 to none as gait deviations diminish- **1 crutch discontinued only when patient achieves a normal gait pattern**
- Open chain hamstring curls and step training added from 8-10 weeks

Post-op 10-12 weeks

- Elliptical
- Nautilus Isotonic machines
- Isokinetics for quad and hamstring strengthening
- Advanced proprioception exercises
- Isokinetic test at 12 weeks- goal of 70% quad and 85-100% hamstring strength
- KT 1000 test at 12 weeks

Post-op 3-6 Months

- Return to running program if strength goals achieved- start with a slow jog, progressing to sprinting, retro running, turning, lateral, and cutting drills over a 8-10 week period
- Progress from low level to high level plyometric program
- Sport: Specific functional progression

Return to Sport

- Isokinetic test: 85% quad/hamstring
- Completed return to running program
- Completed sport specific drills