

POSTEROLATERAL KNEE REPAIR

Basic Principles:

- Avoid posterior tibial sag and external rotation of the tibia for 4 months. Sleep with a pillow under the proximal calf (tibia) and avoid external rotation. Avoid external rotation of the foot / leg when sitting.
- Avoid open chain hamstring exercises for four months.
- Start quadriceps exercises immediately (see below).
- Initiation of motion may be variable due to the quality of injured tissue fixation in surgery.

Post-op Day 1:	<ul style="list-style-type: none"> • Range of motion determined to be safe zone at the time of surgery. Initiation of knee motion varies from immediate to 3 weeks in most cases. • Quadriceps sets (tighten the quads hard for 6 seconds, relax for 3 seconds and repeat) with knee in full extension hourly. • Toe wiggles / ankle pumps every 15 minutes. • Initiate gait training, touch weight bearing, with crutches. • Elevate leg with pillow under the tibia. No pressure on the heel.
Post-op Day 2 and Home Programme:	<ul style="list-style-type: none"> • Avoid external rotation of foot / ankle and posterior tibial sag. • Quadriceps sets hourly. • Active assisted straight leg raises performed in brace for 6 weeks to prevent an extension sag. Progress to independent straight leg raises as tolerated once successful 'locking of knee is achieved'. • Do not exceed the limits of the "safe zone" range of motion achieved at the time of surgery if motion allowed in the early period. • Discuss weight bearing status over the first 6 weeks with Dr. Barrow or your Physiotherapist.
Post-op Week 6:	<ul style="list-style-type: none"> • Straight leg raises with leg in full extension (outside of brace once knee can be locked out straight). Continue through week 12. (4 x 12 four times daily). • Leg presses (2 legged) for maximum of 70° of knee flexion. Maximum weight 15kgs. (3 x 8 daily). • Initiate exercise bike as motion allows (need 15° to 115° of knee motion at minimum). Set seat so the lowest leg has the knee flexed to 15°. Start by pedalling backward and progress to forward as tolerated. No resistance, 5 to 10 minutes as tolerated. • Increase weight bearing status as indicated by Dr. Barrow. • Remove brace once ready. Discuss this with Dr. Barrow or your Physiotherapist.

NOTE: Additional lower limb exercises may be given to you by your Physiotherapist over the week 1 – week 6 period. The above includes the basic principles and exercises only.

