

Sports Rehabilitation & Performance Center Distal Realignment Guidelines[©] *

The following distal realignment guidelines were developed by the Sports Rehabilitation and Performance Center staff at Hospital for Special Surgery. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries such as degenerative joint disease may alter the guideline.

POST – OPERATIVE PHASE I (WEEKS 0-6)

GOALS:

- Control pain and edema
- ROM: 0° knee extension to 60° knee flexion (2 weeks); 90° (6 weeks)
- Avoid quadriceps inhibition
- Independent ambulation NWB with crutches and brace locked in extension on level surfaces and stairs
- Independence in a home exercise program, as instructed

PRECAUTIONS:

- Symptom provocation: quadriceps shut down, joint effusion, active inflammation
- Progression of weight bearing
- Knee flexion range of motion as per surgeon's guidelines
- Active knee extension
- Patella position

DO NOT PROGRESS UNLESS:

- Radiographic evidence of adequate healing
- Good quadriceps contraction
- Good patellar mobility
- ROM: 0° knee extension to 90° knee flexion
- 0/10 pain at rest

TREATMENT RECOMMENDATIONS:

- Quadriceps re-education, patella mobilization (emphasis in cephalad direction), A/AAROM for knee flexion, hip progressive resisted exercises, proprioception training, cryotherapy with knee extension, modalities for muscle re-education, pain and edema
- Emphasize patient compliance to HEP and weight bearing precautions/progression
- Other: _____



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POST – OPERATIVE PHASE 2 (WEEKS 7-14)

GOALS:

- Control effusion, inflammation, and pain
- Establish pain-free arc of motion
- 0/10 pain with ADLs, therapeutic exercise
- ROM: 0° knee extension to 120° (8 weeks), WNL at 14 weeks
- Normalize gait

PRECAUTIONS:

- Sign and Symptom provocation: pain, inflammation, quadriceps shut down, joint effusion
- Knee flexion range of motion as per surgeon's guidelines
- Progression of weight bearing
- Pathological gait pattern
- Pain-free arc of motion during exercise

MINIMUM CRITERIA FOR ADVANCEMENT:

- Normalize gait
- 0/10 pain with ADLs, therapeutic exercise
- Ability to support and control knee in single limb stance
- Able to ascend an 8" step with good control
- Good postural alignment during single limb stance

POST – OPERATIVE PHASE 3 (WEEKS 15-22)

GOALS:

- Control effusion and inflammation
- 0/10 pain with ADLs, therapeutic exercise
- ROM: WNLs
- Normalize gait
- Good single leg dynamic balance
- Good eccentric quad control and pelvic control with step down

PRECAUTIONS:

- Sign and symptom provocation: pain, and active inflammation
- Gait deviations
- Overloading the joint

MINIMUM CRITERIA FOR ADVANCEMENT:

- ROM WNLs
- Normalize gait
- Ability to support control knee in dynamic single limb stance
- Able to ascend an 8" step with good control
- Able to descend a 8" step with good control, and alignment
- Good postural alignment during dynamic single limb stance



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POST – OPERATIVE PHASE 4 (WEEKS 22-36)?

GOALS:

- 0/10 pain with ADLs, advanced therapeutic exercise
- Good dynamic balance
- Muscular endurance and flexibility to meet demands of ADLs and sport
- Independence in a home exercise program, as instructed
- Strength: 85% limb symmetry

PRECAUTIONS:

- Sign and Symptom provocation
- Volume of training

TREATMENT RECOMMENDATIONS:

- Initiate running, initiate plyometrics, endurance training/cross training

CRITERIA FOR DISCHARGE:

- 85% Limb Symmetry with:
 - Strength testing: isokinetics, if appropriate
 - Functional testing: single leg hop
- Muscular endurance and flexibility to meet demands of ADLs, and sport