



## Lateral Retinacular Repair Protocol

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### PHASE I

Begins immediately following surgery and lasts approximately 1-2 weeks.

Goals:

- protect healing soft tissue structures
- improve knee range of motion
- increase lower extremity strength including quadriceps muscle reeducation
- education of patient regarding limitations and rehabilitation process

Weightbearing Status:

- Weightbearing as tolerated with 2 crutches

Therapeutic Exercise:

- Quad sets and isometric adduction with biofeedback for VMO
- Heel slides
- Ankle Pumps
- Non - weightbearing gastroc-soleus, hamstring stretches
- SLR in flexion with turnout, adduction, and extension. Begin hip abduction at approximately 3 weeks
- Functional electrical stimulation may be used
- Begin aquatics if available at 2 weeks with emphasis on normalization of gait
- Stationary bike for ROM when patient has sufficient knee flexion

### PHASE II

Begins 1-2 weeks post-op and extends to approximately 4 weeks post-op

Criteria to advance to Phase II:

- Good quad set
- Approximately 90° active knee flexion
- Full active knee extension
- No signs of active inflammation

Goals:

- Increase flexion ROM
- Increase lower extremity strength and flexibility
- Restore normal gait
- Improve balance and proprioception

Weightbearing status:

May begin ambulation WBAT without crutches if the following criteria are met:

- No extension lag with SLR
- Full active knee extension



- Knee flexion of 90-100o
- Non-antalgic gait pattern (may ambulate with one crutch or a cane to normalize gait before ambulating without assistive device)

Therapeutic Exercise:

- Wall slides from 0-45o knee flexion, progressing to mini-squats
- 4 way hip for flexion, extension, and adduction
- Closed chain kinetic terminal knee extension with resistive tubing or weight machine
- Calf raises
- Balance and proprioceptive activities
- Treadmill walking with emphasis on normalization of gait pattern
- ITB and hip flexor stretching

### PHASE III

Begins approximately 4 weeks post-op and extends through approximately 8 weeks post-op

Criteria for advancement to PHASE III:

- Normal gait
- Good to normal quadriceps strength
- Good dynamic control with no evidence of patellar maltracking or instability
- clearance by physician to begin more concentrated closed kinetic chain program

Goals:

- Restore any residual loss of ROM
- Continue improvement of quadriceps strength
- Improve functional strength and proprioception

Therapeutic Exercise:

- Quadriceps stretching when full knee flexion has been achieved
- Hamstring curl
- Leg press from 0-45o knee flexion
- Closed kinetic chain progression
- Abduction on 4-way hip
- Stairmaster
- Nordic Trac
- Jogging in pool with wet vest or belt

### PHASE IV

Begins approximately 8 weeks post-op and extends until patient has returned to work or desired activity.

Criteria for advancement to PHASE IV

- Release by physician to resume full activity
- No patellofemoral or soft tissue complaints
- No evidence of patellar instability
- Necessary joint range of motion, muscle strength, and endurance

Goals:

- Continue improvements in quadriceps strength
- Improve functional strength and proprioception
- Return to appropriate activity level

Therapeutic Exercise:

Functional progression which may include but is not limited to:

- Slide Board
- Walk/jog progression
- Forward and backward running, cutting, Figure 8
- Plyometrics
- Sport-specific drills
- Work-hardening program