



Trevor Call, DO
Indiana University Health Physicians
Sports Medicine and Arthroscopic Surgery
IU Health West Hospital – 1115 Ronald Reagan Pkwy #148, Avon, IN 46123
Phone: 317-944-9400
Eskenazi Health – 720 Eskenazi Ave, Indianapolis, IN 46202
Phone: 317-880-3737

Indiana University Health

Multi-ligament Knee Reconstruction (ACL +/- PCL + PLC/LCL +/- MCL with or without meniscus repair) (Updated 9/2025)

General Post Op Instructions

Wound Care	<ul style="list-style-type: none">✓ Dressings can be removed 2 days after surgery, or they can be removed at the first physical therapy appointment✓ If desired, incisions may be covered with simple dressings (band-aids)
Swelling	→ Swelling and bruising are to be expected after a surgical procedure
Ice and Elevate	<ul style="list-style-type: none">✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling✓ Do not place ice or cold back directly onto the skin✓ Elevate the limb above the heart when able
Showering	<ul style="list-style-type: none">→ Do not soak incisions in water until after stitches are removed→ You may begin to shower 2 days after surgery after dressings are removed<ul style="list-style-type: none">○ Allow soapy water to run over the incision but do not scrub○ Dry, apply band-aids if needed→ Brace may be removed for showering
Driving	<ul style="list-style-type: none">✓ Dr. Call does not release people to drive at a specific date or week post op✓ It is unlawful to drive under the influence of opioid (strong pain) medications✓ Must be able to safely apply the brakes before returning to drive✓ Driving in a brace/sling/boot is not recommended

Weight Bearing Restrictions and Brace Use

	Weight Bearing	Brace
Week 1-2	<ul style="list-style-type: none">✓ Flat foot weight bearing (weight of the leg on the ground only) in brace with crutches or walker	<ul style="list-style-type: none">✓ Locked in extension✓ Can be unlocked during PT
Weeks 3-4	<ul style="list-style-type: none">✓ Flat foot weight bearing (weight of the leg on the ground only) in brace with crutches or walker	<ul style="list-style-type: none">✓ Unlock 0-90 degrees✓ Brace can be removed for PT
Weeks 5-6	<ul style="list-style-type: none">✓ PWB (up to 50%) in brace with crutches or walker	<ul style="list-style-type: none">✓ Unlock 0-90 degrees✓ Brace can be removed for PT
Weeks 7-9	<ul style="list-style-type: none">✓ Progress to WBAT in brace✓ Discontinue crutches when able	<ul style="list-style-type: none">✓ Unlock to full ROM✓ DC brace at night
Week 10+	<ul style="list-style-type: none">✓ WBAT out of brace if good quad control	<ul style="list-style-type: none">✓ DC brace if good quad control achieved



Indiana University Health

Trevor Call, DO
 Indiana University Health Physicians
 Sports Medicine and Arthroscopic Surgery
IU Health West Hospital – 1115 Ronald Reagan Pkwy #148, Avon, IN 46123
 Phone: 317-944-9400
Eskenazi Health – 720 Eskenazi Ave, Indianapolis, IN 46202
 Phone: 317-880-3737

Immediate Post Operative Phase (up to week 6)

Overall Goals	<ul style="list-style-type: none"> ✓ Reduce inflammation and swelling ✓ Achieve ROM ✓ Initiate quad recruitment
Cautions	<ul style="list-style-type: none"> → Avoid anterior or posterior tibial translation → Avoid resisted knee flexion or hyperextension for 6 months → No active knee strengthening → Brace to be worn for ROM while in PT for 2 weeks
Range of Motion	<ul style="list-style-type: none"> ✓ All ROM needs to be performed in the prone or side lying position ✓ No PROM restrictions during PT ✓ Weeks 0-2: 0 – 30 degrees ✓ Weeks 2-4: 0 – 90 degrees
Therapeutic Suggestions	<ul style="list-style-type: none"> → Patella mobilization → Quad sets → SLR in brace → Hip and ankle strengthening → Avoid tibial translation and rotation during prone ROM
Progression Ready to Next Phase	<ul style="list-style-type: none"> ✓ Pain free motion ✓ Minimal effusion <p><i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i></p>

Intermediate Rehabilitation Phase (Weeks 7 – 12)

Overall Goals	<ul style="list-style-type: none"> ✓ Achieve appropriate gait mechanics ✓ Progress WB without brace and motion to full by week 12 ✓ Progress home functional activities
Cautions	<ul style="list-style-type: none"> → Ensure appropriate quad control in order to DC brace → No resisted knee flexion or hyper-extension
Range of Motion	<ul style="list-style-type: none"> ✓ Prone ROM to tolerance, can progress to 120+ degrees
Therapeutic Suggestions	<ul style="list-style-type: none"> → Isometric quad and hamstring strengthening → Increase closed chain strengthening (0-90 degrees) → Aquatic therapy if available, encourage appropriate gait mechanics → Wall sits/squats (ensure no tibial translation by keeping tibia perpendicular to the floor) → Treadmill walking



Trevor Call, DO
Indiana University Health Physicians
Sports Medicine and Arthroscopic Surgery
IU Health West Hospital – 1115 Ronald Reagan Pkwy #148, Avon, IN 46123
Phone: 317-944-9400
Eskenazi Health – 720 Eskenazi Ave, Indianapolis, IN 46202
Phone: 317-880-3737

Indiana University Health

Progression	✓	Minimal reactive effusion to therapeutic exercises
Ready to		
Next Phase		

Advance Strengthening and Late Rehab Phase (Weeks 12 – 52)

Overall	✓	Maintain motion
Goals	✓	Improve strength

Cautions	→	Encourage continued home exercises
-----------------	---	------------------------------------

Range of Motion	✓	Full ROM
------------------------	---	----------

Therapeutic Suggestions	→	Add elliptical
	→	Progress closed chain exercise resistance as tolerated
	→	After week 16:
	○	Begin plyometrics
	○	Initiate walk to jogging

Progression	✓	At 6 months begin running
Ready to	✓	At 6 months begin agility exercises including more lateral movements
Agility	✓	Return to sport
Training /	○	Usually after 12 months
Return to Sport	○	Isokinetic strength testing at least 85% of opposite side
