



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

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

*(Updated 9/2025)*

### **General Post Op Instructions**

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

### **Weight Bearing Restrictions and Brace Use**

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



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## Immediate Post Operative Phase (up to week 6)

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<b>Overall Goals</b>	✓ Reduce inflammation and swelling ✓ Achieve ROM ✓ Initiate quad recruitment
<b>Cautions</b>	→ 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
<b>Range of Motion</b>	✓ 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
<b>Therapeutic Suggestions</b>	→ Patella mobilization → Quad sets → SLR in brace → Hip and ankle strengthening → Avoid tibial translation and rotation during prone ROM
<b>Progression Ready to Next Phase</b>	✓ Pain free motion ✓ Minimal effusion

*If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies*

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## Intermediate Rehabilitation Phase (Weeks 7 – 12)

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<b>Overall Goals</b>	✓ Achieve appropriate gait mechanics ✓ Progress WB without brace and motion to full by week 12 ✓ Progress home functional activities
<b>Cautions</b>	→ Ensure appropriate quad control in order to DC brace → No resisted knee flexion or hyper-extension
<b>Range of Motion</b>	✓ Prone ROM to tolerance, can progress to 120+ degrees
<b>Therapeutic Suggestions</b>	→ 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

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

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

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