

Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240
www.saspine.com
Tel# 210-487-7463

REHABILITATION PROTOCOL AFTER LATERAL RETINACULAR RELEASE

Rehabilitation Progression

The following is a general guideline for the progression of the rehabilitation program following lateral release. Progression through each phase should take into consideration patient status (eg. healing, function) and physician advisement. Please consult the physician if there is uncertainty regarding the advancement of a patient to the next phase of rehabilitation.

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 re-education
- 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

Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240
www.saspine.com
Tel# 210-487-7463

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

Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240
www.saspine.com
Tel# 210-487-7463

Therapeutic Exercise:

- Wall slides from 0-45° 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 0-45° knee flexion
- Closed kinetic chain progression

Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240
www.saspine.com
Tel# 210-487-7463

- 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