



Lateral Retinacular Release Rehabilitation Guidelines

PHASE 1 (0 to 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; brace/knee immobilizer x 2 weeks

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 ~3 weeks
- Functional electric 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

Criteria to Advance to Phase 2:

- Good quad set
- Approximately 90 degrees active knee flexion
- Full active knee extension
- No sign of active inflammation

PHASE 2 (1-2 weeks to 4 weeks)

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

Therapeutic Exercises:

- Wall slides from 0-45 degrees 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

Criteria to Advance to Phase 3:

- 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

PHASE 3 (4-8 Weeks)

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 curls
- Leg press from 0-45 degrees knee flexion
- Closed kinetic chain progression
- Abduction on 4-way hip
- Stairmaster
- Nordic Trac
- Jogging in pool with wet vest or belt

Criteria to Advance to Phase 4:

- 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

PHASE 4 (8 weeks+)

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