

LATERAL RETINACULAR RELEASE

General Considerations:

- Immobilized in full extension with compression for 3-6 days

Phase I (0-2 weeks)

- Start formal PT at week 1
- Ankle pumping should be initiated immediately post-op to maintain circulation, prevent DVT
- Begin quad sets, SLR in all directions immediately, hamstring sets and heel slides after 3 days
- Patellar mobilization – Do NOT let PF joint scar down!!
- PROM with focus on flexion
- Focus on reducing edema and pain
- Gait training: PWB and ambulation with bilateral axillary crutches with immobilizer is permitted the day after surgery
- DC immobilizer at week 1

Phase II (2-4 weeks)

- Restore full flexion and extension; STM, joint mobs as needed
- Strengthening focuses on VMO activation; toes out, adduction of hips, heel dig
- Progress WB with closed chain work for co-contraction of muscle groups: partial squats, partial lunges and step ups
- By end of first week, early second week: multiangle isometrics against resistance, stationary bicycling against light resistance, SAQ for some open chain activity
- Avoid portions of the ROM which cause pain, crepitation, or excessive compression of the patellofemoral joint
- Begin balance and proprioceptive activities; progress from static balance to dynamic balance, bilateral to unilateral standing on balance board
- Gait Training: Full weight bearing without assistive device

Phase III (4-8 weeks)

- Progress open chain lower extremity exercises
- Begin plyometrics to increase speed and intensity of closed chain resistance exercises
- Stairmaster, Nordic Track, Body Trec, swimming
- Treadmill: progress from walking at incline to jogging to running
- Return to full activity: generally 6-8 weeks after lateral release