EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Lateral Retinacular Release

Early motion, swelling control, patellar mobility, and progressive quadriceps retraining

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Use for isolated arthroscopic lateral release. If realignment, cartilage restoration, MPFL reconstruction, or another procedure was added, follow that more restrictive plan.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-2 weeks	Crutches as needed; brace/dressing as ordered	Full motion as tolerated; early patellar and quadriceps work
2-6 weeks	Wean aids when gait is normal	Bike/elliptical and progressive closed-chain strength
6-12 weeks	No impact until swelling and control allow	Advanced strength, balance, then graded running
12-16+ weeks	Sport-specific progression	Return after functional testing and clearance

PHASE-BY-PHASE PLAN

Phase 1 | Swelling control and motion (0-2 weeks)

- **Priorities:** Reduce pain/effusion; restore patellar mobility, ROM, quadriceps activation, and a safe gait.
- **Protection:** Use crutches until walking is pain-free and without a limp. Wear the postoperative brace or lateral buttress if ordered.
- **Therapy focus:** Elevation, ice, ankle pumps, patellar mobilization with emphasis on lateral tilt, full passive/active ROM as tolerated, quad sets, multi-plane straight-leg raises, and gait training.

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Phase 2 | Strength and mechanics (2-6 weeks)

- **Priorities:** Maintain full motion; normalize patellofemoral mechanics; build hip, core, and quadriceps control.
- **Protection:** Avoid impact and any exercise that increases effusion or patellofemoral pain.
- **Therapy focus:** Bike, treadmill walking, or elliptical; bilateral to unilateral closed-chain strength; hip/core work; flexibility; neuromuscular and balance drills.

Phase 3 | Advanced conditioning (6-12 weeks)

- **Priorities:** Restore unilateral strength, endurance, and dynamic alignment.
- **Protection:** No running until pain and swelling are controlled and single-leg mechanics are sound.
- **Therapy focus:** Progress leg press, squat/lunge in a protected range, hamstring/calf strength, proprioception, pool running, then a graded land-running program around weeks 10-12 if criteria are met.

Phase 4 | Return to sport (12-16+ weeks)

- **Priorities:** Return to multidirectional activity without pain, swelling, or instability.
- **Protection:** Progress one variable at a time: volume, speed, then direction/contact.
- **Therapy focus:** Add bilateral to unilateral plyometrics, agility, sport-specific drills, and a return-to-sport test.
- **Therapy focus:** Return requires full ROM, no effusion, normal gait, strong controlled single-leg function, and surgeon/therapist clearance.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.