

PCL Reconstruction - Physical Therapy Protocol

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 1 2 3 4 5 times/week

Duration: 1 2 3 4 5 6 weeks

Side: R / L

Evaluate only Provide home exercise program (HEP)

Evaluate and Treat

PHASE 1: Period of protection; Weeks 0 - 3

- Toe-touch weight-bearing (20 pounds) with crutches and brace locked in extension
- Brace locked in extension while sleeping
- Range-of-motion (prone ONLY):
 - Passive flexion 0-70 degrees
 - Active assisted extension 70-0 degrees

Therapeutic Exercise

Patellar mobs, supine SLR with brace locked in extension, ankle pumps, prone hangs

PHASE 2: Weeks 3 - 6

- Up to 75% partial weight-bearing with crutches and brace locked in extension
- Brace locked in extension while sleeping
- Range-of-motion (prone ONLY):
 - Passive flexion 0-90 degrees
 - Active assisted extension 90-0 degrees

Patellar mobs, supine SLR with brace locked in extension, ankle pumps, prone hangs, hip adduction with brace locked in extension (avoid abduction if posterolateral corner repair/reconstruction)

PHASE 3: Weeks 6 - 12

- Full weight-bearing as tolerated
- Discontinue crutches when can walk without limp
- Brace unlocked while walking (weeks 6-8)
- Discontinue brace at 8 weeks
- Range-of-motion (prone ONLY) to tolerance - progress to full PROM, AAROM

Stationary bike with light resistance and high seat at 8 weeks, proprioception and balance activities, body weight mini-squats 0-60 degrees, leg press 60-0 degrees

PHASE 4: Weeks 12 - 26

- Full weight-bearing without crutches, full motion
- Normal gait

Progress proprioception and balance exercises, leg press 90-0 degrees, begin quad stretching, retrograde treadmill walk to jog, may start antegrade jogging and plyometrics at 4.5 months if full ROM and strength, may begin hip abduction (if posterolateral corner)

PHASE 5: Beyond 6 months

- Continue strengthening, flexibility, proprioceptive, agility programs
- Advance plyometric program
- Begin and advance sport-specific training

Sport-specific training, maintenance strengthening for core, hip abduction, hip extension, quads, hamstring, gastroc; may begin running; may return to sport at 9 months

Comments:

- Avoid posterior sag for first 12 weeks (for PCL)
- Avoid resisted hip abduction for first 12 weeks (for posterolateral corner repair or reconstruction)

Modalities: Per therapist Electrical Stimulation Ultrasound Heat before/after Ice before/after

Aquatherapy Massage Trigger points ART (Active release techniques) Other _____

Signature _____ Date _____