

## Non-Operative Isolated PCL Tear

PHYSICAL THERAPY PROTOCOL

---

### Rehabilitation Goals

Promote tissue healing through use of brace and prescriptive weightbearing and ROM

Decrease pain and swelling

Increase strength, endurance and power

Improve proprioception and enhance dynamic stability

Reduce functional limitations and disability

Brace: PCL Fusion

### PHASE I: Protective Phase

#### WEEKS 0-2

- Ice, elevation, and NSAIDs for swelling and pain control.
- Important to avoid posterior tibial subluxation Pillow under posterior aspect of lower leg when lying down
- Brace:
  - Day and Night
- ROM:
  - Locked in extension
- Weight Bearing:
  - No weight bearing
- Therapy:
  - Controlled ROM 0, 0-30. Isometric quads as pain permits

#### WEEKS 2-6

- Brace:
  - Day and Night
- ROM:
  - 0-90
- Weight Bearing:
  - Partial weight bearing
- Therapy:
  - ROM 0-90, Quad strengthening, stretching hamstrings

### PHASE II: Progressive Strengthening

#### WEEKS 6-12

- Brace:
  - Day and Night
- ROM:
  - Full, No limitations
- Weight Bearing:
  - Full weight Bearing
- Therapy:

- Hamstring stretching, CKC exercises to improve functional strength:
- Mini-squats
- Wall slides
- Unilateral step-ups
- Leg press
- Isotonic quad
- PRE Proprioceptive training follows strengthening: slide board

## WEEKS 12-18

- Brace:
  - Day, Discontinue at night
- ROM:
  - Full, No limitations
- Weight Bearing:
  - Full weight bearing
- Therapy:
  - Pre-Sports specific agility exercise, continue quad strengthening

## RETURN TO SPORTS GUIDELINES

- Pain free full knee extension
- Full ROM Quad strength >85% of uninjured leg per Biodex testing
- Continue PCL brace until full return to play with no effusion (remainder of season)
- Monitor posterior drawer test (soft to firm to hard over 8-10 weeks)
- Inform patient that they have abnormal laxity of the knee that will persist