

# Rehabilitation Protocol for PCL Reconstruction



Dr. Feinstein

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I 0-2 WEEKS</b>	<ul style="list-style-type: none"> <li>As tolerated with crutches and brace locked</li> <li>*If PLC reconstruction TTWB with crutches and brace locked</li> </ul>	Locked in full extension for sleeping and all activity	Locked in extension	<ul style="list-style-type: none"> <li>Quad sets; SLR x 4 in brace (*avoid abduction if PLC)</li> <li>Patellar mobs (instruct for HEP)</li> <li>E-stim and biofeedback</li> <li>No prone hang or active hamstring exercises until 8 weeks post op</li> <li>*No hip or leg abduction at any time if PLC surgery</li> </ul>
<b>PHASE II 2-6 WEEKS</b>	<ul style="list-style-type: none"> <li>As tolerated with crutches and brace locked</li> <li>*If PLC reconstruction continue TTWB with crutches and brace locked</li> </ul>	<ul style="list-style-type: none"> <li>Locked in full extension for ambulation</li> <li>May unlock to achieved motion for sedentary positions</li> <li>Continue to use for sleep</li> </ul>	<ul style="list-style-type: none"> <li>Begin ROM 0-30 degrees.</li> <li>Increase 30 degrees per week with goal 90 at end of week 6.</li> <li>Passive motion only (no active hamstring firing).</li> </ul>	<ul style="list-style-type: none"> <li>Continue phase I exercises</li> <li>SLR x 4 with brace with no resistance when no lag (*avoid abduction if PLC); may do without brace after week 4 (*avoid abduction if PLC)</li> <li>SAQ; BFR if available</li> <li>Mini-squats in brace 0-30 degrees (*avoid if PLC)</li> </ul>
<b>PHASE III 6-12 WEEKS</b>	<ul style="list-style-type: none"> <li>WBAT</li> <li>Wean off crutches when normal gait pattern.</li> <li>*If PLC reconstruction begin 50% and advance to FWB by week 8.</li> </ul>	<ul style="list-style-type: none"> <li>Unlocked to ambulate</li> <li>Discontinue when adequate quad strength and normal gait</li> <li>Discontinue for sleep</li> </ul>	Progress ROM as tolerated.	<ul style="list-style-type: none"> <li>Continue phase I and II exercises</li> <li>Gait training</li> <li>Wall sits and mini squats 0-45 if and when FWB (*week 8 if PLC)</li> <li>Gentle hip abduction with no resistance below knee level</li> <li>May begin prone hangs for terminal extension if necessary at 8 weeks</li> <li>8-12 Weeks: stationary bike with light resistance; begin closed chain quads; leg press to 90; balance and proprioceptive exercises;</li> </ul>

*If you have any problems or questions,  
please call your doctor's office (8am-5pm).  
Answering service for after hours.*

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				begin active hamstring exercises; advance hip/core; treadmill walking
<b>PHASE IV 12-24 WEEKS</b>	Full	Functional bracing dependent on patient activity and doctor recommendation	Full	<ul style="list-style-type: none"> <li>• Advance closed chain strengthening</li> <li>• Progress proprioception activities</li> <li>• Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike</li> <li>• Stairmaster and swimming (flutter kick) okay at 14 weeks</li> <li>• Jog to run progression at 4 months</li> </ul>
<b>PHASE V &gt; 24 WEEKS</b>	Full	Functional bracing dependent on patient activity and doctor recommendation	Full	<ul style="list-style-type: none"> <li>• Continue and progress strengthening program based on goals and deficits</li> <li>• Agility progression when criteria met: side steps, crossovers, figure 8 running, shuttle run, one and two leg jumping, cutting, acceleration deceleration sprints, agility ladders</li> <li>• Initiate plyometric program as appropriate for patient goals</li> <li>• Initiate sport specific drills as appropriate</li> <li>• Gradual return to sports participation</li> <li>• Maintenance program</li> </ul>

^PCL reconstruction-- no prone hangs or HS exercises for 8 weeks

\*\* Weight bearing status and motion may vary depending on nature of surgery. Please refer to specific PT Rx provided to patient for deviation from the above protocol.