



PCL RECONSTRUCTION PHYSICAL THERAPY PROTOCOL

Name: _____ **Diagnosis:** _____ **Date of Surgery:** _____

DOB: _____ **Phone #:** _____

Frequency: 1 2 3 4 times / week Duration: 1 2 3 4 5 6 Weeks

____ Days 0-7:

- Brace locked in full extension at all times (sleeping, etc)
- WBAT with crutches with brace locked in full extension
- Begin quad sets, SLRs, hip Ab/Adduction, ankle pumps

____ Weeks 1-4

- WBAT with crutches with brace locked in full extension while ambulating
- Pillow behind proximal tibia at rest to prevent posterior tibial sag
- Supine PROM (0--60 degrees) in brace by Physical Therapist – maintain anterior force on proximal tibia to prevent posterior tibial sag
- Hamstring/calf stretching, standing hip extension exercises
- Calf press with theraband progressing to bilateral standing calf raises with full knee extension, progress to single leg calf raise

____ Weeks 5-8

- WBAT with brace 0--90 then unlocked as tolerated – d/c brace at 6--8 weeks post--op
- D/c crutches/brace when no quad lag with SLR, gait pattern normalized
- Wall slides 0--45 degrees – begin isometric then progress to active against body weight
- Standing hip extension/flexion/abduction/adduction with resistance (resistance must be proximal to knee)

____ Weeks 9--12 (PT 2--3x/wk):

- Stationary bike with seat higher than normal to minimization of hamstring activity
- Stairmaster
- Closed chain terminal knee extension initially with theraband then progress to weights
- Balance/proprioception – single leg stance exercises
- Leg press 0--90 degrees

____ Months 3--6 (PT 2x/month):

- Advance closed chain exercise program
- Treadmill walking to job progression
- Progress proprioception and balance activities

____ Months 6+

- Begin sports specific exercises with gradual return to sporting activities
- Maintain strength, endurance, and flexibility