



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

PCL/PLC RECONSTRUCTION REHABILITATION

Revised OCTOBER 2015

REHABILITATION PROGRAM

PHASE 1: WEEKS 0-6:

PHASE I GOALS: Protect the surgical graft(s)
0-60° ROM
Regain adequate quadriceps control

PRECAUTIONS: ****Wear Brace at all times (even while sleeping)****
****NO knee hyperextension or AROM knee flexion exercises. NO hamstrings strengthening****

CRUTCHES: Touch Weight-Bearing (Foot flat: 0-10% body weight)

BRACE: Locked at 0° for 6 weeks with hand towel bolster lengthwise on posterior leg below the knee. Alternatively use Jack PCL Brace.

WOUND: Post-op dressing remains intact until post-op day #1 (24 hours after surgery) May begin showering after post-op day #2 (provide with occlusive dressings). May remove dressings after post-op day #3. If wound is dry may leave open and cover with compressive sleeve.
DO NOT submerge knee in tub or pool for 4 weeks*
Compressive stockings until swelling resolves. Suture/staple removal at 10-14 days per guidance of surgeon.

REHABILITATION: Frequent use of cryocuff and/or ice with lower extremity elevated.
Begin patellar mobilizations (10 reps each direction TID).
Begin scar massage after incision site sloughs/scar is formed.
Begin the first 3 exercises below and add others gradually as tolerated.

1. Calf pumping with tubing
2. Static quad sets (with estim until patient able to do 10 SLRs without extension lag)
3. PROM/AAROM exercise
 - Wks 1-2: 0-30°
 - Wks 3-4: 0-45°
 - Wks 5-6: 0-60°



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

4. Strengthening (add light weights when pain free)
 - Wks 1-4: Short arc quads (0-30°)
 - Wks 5-6: Medium arc quads (0-60°)
5. Gentle hamstring stretching
6. Supine passive extension to 0° extension
7. SLRs (with brace on): All directions (**with exception of NO abduction or adduction for posterior lateral corner repairs**)
Ankle weights may be added to the SLR exercise gradually as tolerated
8. Seated bilateral calf raises – progress to seated unilateral calf raises.
9. Seated ankle disk training
10. UBE and/or well leg cycle

FOLLOW-UP: Physical Therapy: Weekly
Orthopedics – 10-14 days, 6 weeks post-op
Supervised rehabilitation: 2-3 x per week as needed

DOCUMENTATION: Precautions, pain level, medications, modalities
Observation: (incision sites) – Signs/symptoms of infection? Site healing well? Effusion?
Neurovascular status: distal pulses, motor and sensation intact? Presence of calf pain?
Knee ROM and quadriceps function

PHASE II: GENERALLY 7-12 WEEKS POST-OP

PHASE II GOALS: Normalizing gait pattern
Regain motion beyond 90 degrees

PRECAUTIONS: Continue to wear brace at all times
*** NO KNEE HYPEREXTENSION. NO OPEN KINETIC CHAIN HAMSTRINGS STRENGTHENING***
NO pool program or swimming

CRUTCHES: Progress gradually to full weight bearing during post op weeks 9 to 12

BRACE: Unlock brace for ambulation per the following schedule:

- Wks 7-8: 0-30°



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

- Wks 9-10: 0-60°
- Wks 11-12: 0-90°

REHABILITATION:

Progress to the following exercises and increase intensity gradually when patient is ready.

(i.e., no increase in knee pain or effusion since the previous exercise session.)

****NOTE:** All strengthening should be done with the brace on, using low weights

WEEKS 7-8

High repetitions, and in painless ROM
Active assisted weight shifts
Stationary bike for ROM – progress to biking for conditioning
Progressive AROM and ROM stretching exercises as tolerated
General LE stretching (calf, HS – add quads, HF, hip adductors @ approx. 9 weeks)
Calf press
Legg press

WEEKS 9-10

Double leg mini-squats (0-45°) – add weights gradually as tolerated
Bilateral calf raises – and unilateral calf raises @ 9 weeks
Step ups
Unilateral leg mini-squats (0-45°)
Gait training (cone walking, retrowalking, cariocas, shuffles, etc.)

WEEKS 11-12

Progressive standing balance exercises (body blade, plyoball, platform training, etc.)
Progress in duration, intensity, double leg to single leg, etc.)
Elliptical

FOLLOW-UP:

PT: Bimonthly
Orthopedics: 12 weeks post-op
Supervised rehabilitation: 2-3 x per week as needed

DOCUMENTATION:

Precautions, pain level, medications, modalities
Effusion
Knee ROM and quadriceps function
Gait



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

PHASE III: GENERALLY 4-6 MONTHS POST-OP AND BEYOND

PHASE III GOALS: Jog at own pace and distance without pain
80-90% quadriceps and HS strength return
Normalize ROM and gait function

PRECAUTIONS: NO PARTICIPATION IN SPORTS UNTIL AFTER 6 MONTHS

BRACE: Hinged knee sports brace (case by case)

REHABILITATION:

Continue phase II exercises as needed
Progress in duration and intensity of exercise only if there is no increase in knee pain or effusion since the previous exercise session.

WEEKS 13-16

Aerobic conditioning (biking, elliptical, stair master)
LE weight lifting (Calf press, leg press, squats (0-60°), knee extension, hip adduction/abduction)
Progressive pool program

WEEKS 16-26 – and beyond

Progressive balance training
Active HS curls with ankle weights
Progress gradually using HS curl machine – using low weight, high reps
Progressive jogging program (Begin jogging for 5-10 min TIW – increase time and/or distance no more than 10-20% per week)
Straight line jogging (up to 50% speed on treadmill or other level terrain)
Progress functional training: Begin at 25-50% intensity and progress gradually
(jumping, hopping, directional jogging, cariocas, shuffles, etc.)

FOLLOW-UP: PT: Monthly
Orthopedics: Approximately 6 months post-op
Supervised rehabilitation: 1 to 2 x per week as needed

DOCUMENTATION:

Pain level and medications
Effusion
Knee ROM and quadriceps function



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

Hop for distance at 6 months post-op
Biodex testing at 6 months post-op (optional)

MISCELLANEOUS:

After six months post-op: Exercises in phase III are continued, gradually increased in intensity and duration as tolerated.

The recommendation is to wait until 9-12 months post-op to return to contact/collision sports.

This time period may be adjusted by the surgeon and therapists according to the complexity of the original injury and the patient progress.