Boulder Centre for Orthopedics & Spine
Your Life in Motion

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PCL/ Posterolateral Corner Reconstruction Rehab Protocol

POST OPERATIVE MANAGEMENT

- The PCL reconstruction is not as sturdy as a typical ACL fixation so prevention of posterior tibia translation through the first eight weeks is paramount.
- Pain control with ice, elevation, compression, and anti-inflammatories
- ROM- Full knee ROM. All exercises must be performed in the prone or side lying position for the first month
- Weight bearing- Toe touch weight bearing in brace and crutches for first 6 weeks
- Begin and enhance normalization of quad recruitment
- Prevent posterior translation and tibia rotation

Week 0-4:

- Modalities as needed
- Brace locked at 0° at all times except for ROM exercises by ATC/PT for first month
- Advance ROM as tolerated
- Teach patient to perform Home Stretching Exercises 2 –3x's daily
- In prone position or side lying only, grip the heads of the gastroc/soleus group and maintain neutral pressure proximally to the tibia while flexing the knee
- Begin patella mobilizations
- Scar management
- Quad sets/SLR in Brace at 0° (assist patient with this exercise until solid quad contraction developed, prevent posterior sag) 13x10 3x's/daily, may use ankle weights as they will increase anterior translation
- No hamstring isometrics for seven weeks
- Seated calf exercises

Week 4:

- Cont. as above
- Stationary Bike to increase ROM, start with high seat and progress to normal height when able, resistance as tolerated
- Begin weaning off crutches

Week 6:

- Cont. as above
- Leg extensions
- Leg press with both legs
- D/C brace and normalize mechanics

Week 8:

- Cont. as above
- Full WB as tolerated
- ROM – prone flexion 120° or more, and advance to full ASAP
- May begin aquatic therapy emphasizing normal gait, marching forwards/backwards
- Treadmill walking – forwards and retro
- Closed and Open Chain resistive tubing ex's
- Single leg stands for balance/proprioception
- Unilateral step-ups – start with 2" height and progress to normal step height as able
- Chair/Wall squats – keep tibia perpendicular to floor

Week 12:

- Cont. as above
- All exercises should be on affected leg only at this time
- ROM should be progressing, if not contact doctor
- Retro walking, lateral stepping, NO cross over stepping or shuffling

- Standing leg curls with cuff weights
- Advance strengthening for quads as tolerated

Week 16:
- Cont. as above
- Advance hamstring strengthening into prone position
- Slide Board – start with short distance and progress as tolerated
- Stairmaster, Versa Climber, Nordic Track and Elliptical Trainers

Week 20:
- Cont. as above
- Assessment of jogging on treadmill
- Lateral Movement supervised by ATC or PT
    - Stepping, shuffling, hopping, carioca

Week 24:
- Cont. as above
- Initiate plyometric program as appropriate to patient's functional goals
- If plyometric exercise intensity is high the volume must be decreased, give ample recovery time between sets
- 2-3 sessions a week preferably on weight lifting days
- Initiate sport specific activities under supervision by ATC or PT

Week 30:
- Cont. as above
- Emphasize strength and power development
- Running and sport specific drills under ATC or PT supervision
- Isokinetic test for Quad strength difference ≤ 15% and unilateral Hamstring/Quad strength ratio of 65% or better
- Cont. strength testing monthly until patient passes then perform functional testing
- Functional testing is appropriate for people returning to advanced recreational activities or sports
- See physician prior to release to full activities

Criteria for discharge:

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician