



# PCL Reconstruction

## Post-Operative Rehabilitation Protocol

### 0-2 weeks

- NWB x 6 weeks with crutches
- Use immobilizer for 3–7 days until good quadriceps control. Then, transition to Dynamic PCL Brace (Rebound Brace).
  - Dynamic PCL brace to be used for 6 months post-operatively.
- ROM (**Prone only**) → to avoid tension on PCL graft via posterior tibial glide from gravity
  - Passive flexion 0-90°,
  - Active Assisted extension 70 to 0°
  - Emphasize maintenance of full extension
  - **NO** active knee flexion and open chain hamstring isometrics x 8 weeks
- Patella mobilization
- Towel extensions
- Prone hangs
- SLR supine with brace locked at 0°
- Quadriceps isometrics at 60°

### 2-6 weeks

- ROM (**Prone only**):
  - Active Assisted extension 90-0°
  - Passive flexion 0-90°
- Short crank (90mm) ergometry
- SLR's (all planes): Progressive Resistance
- Multiple-angle Quadriceps Isometrics: 60 to 20°

### 6-12 weeks

- Begin WBAT progression advance TTWB to PWB (25% then 50%) starting at 6 weeks
- Full WB by 8 weeks post-op
- Discontinue crutches when gait is non-antalgic (6-8 weeks)
- Initiate Forward Step-Up program (6-8 weeks)

#### Weight Bearing Status

NWB x 6  
weeks

#### Brace Settings

-Immobilizer for about 3-7 days  
- Transition to PCL brace once good quad control obtained.  
-Wear PCL brace x 6 months

#### ROM Restrictions

PROM 0-90°  
beginning  
POD 1 in  
Prone  
Position



- Stationary bike with low resistance settings and leg presses to a maximum of 70° of knee flexion is initiated
- Leg Press, Mini-Squats (60-0° arc)
- Standard ergometry (if knee ROM > 115°)
- AAROM exercises
- Stairmaster (6-8 weeks)
- Proprioception Training (Prop Board, BAPS)
- Aquacisor (gait training)
- Retrograde treadmill ambulation
- Initiate Step Down Program (8-10 weeks)

## 12-20 weeks

- Leg Press: Squats (80 to 0° arc)
- AAROM exercises
- Proprioception Training (Prop Board, BAPS)
- Lunges
- Advanced Proprioception training (perturbations)
- Agility exercises (sport cord)
- Versaclimber
- Retrograde treadmill running
- Quadriceps stretching

## 20-26 weeks



- Start forward running (if descend 8" step satisfactorily)
- Continue lower extremity strengthening, flexibility, proprioceptive & agility programs
- Initiate plyometric program (if sufficient strength base)
- Functional Hop Test (>85% contralateral)
- Plyo Prep Screen when initiating running and/or jumping. Schedule via QR code or email [spc@rushortho.com](mailto:spc@rushortho.com)

## >26 weeks



- Dynamic brace can be discontinued if kneeling stress x-rays demonstrate less than 2mm of difference.
- Continue lower extremity strengthening, flexibility, proprioceptive & agility programs
- Advance plyometric program
- Advance agility and sport specific program
- Lower Body Assessment when initiating return to sport progression. Schedule via QR code email or [spc@rushortho.com](mailto:spc@rushortho.com)



Exercise	Week																
	1	2	3	4	5	6	7	8	9	10	12	16	20	24			
Initial Exercises:																	
ROM Goals	0-90°		0-125°		Progress to full												
Flexion/extension- prone with brace																	
Flexion/extension- seated/ calf-assisted or prone																	
Patella/Tendon mobilization																	
Quad Series	0° ISOs, SLR				60° ISOs				70-30° arc-resisted				Full arc resisted				
Hamstring Sets																	
Sit and Reach for Hamstrings (no hyperextension)																	
Ankle Pumps																	
Crutch weaning	NWB																
SLR (w/ brace until quad control restored)																	
Toe and heel raises																	
Weight-bearing Strength Exercises:																	
Double Knee Bends	1	2	3	4	5	6	7	8	9	10	12	16	20	24			
Double Leg Bridges	NWB																
Step up/Lunge Progression																	
Beginning cord exercises																	
Proprioception/Balance Training																	
Dead Lift (2 → 1)																	
Squat/Leg Press (ISO →reps, 2→1 leg)																	
Sports Test Exercises																	
Cardiovascular Exercises:																	
Bike with both legs-no resistance	1	2	3	4	5	6	7	8	9	10	12	16	20	24			
Bike with both legs- resistance	NWB																
Aqua jogging																	
Treadmill-walking 7% incline																	
Swimming with fins-light flutter kick																	
Elliptical Trainer																	
Rowing																	
Stair stepper																	
*Cardio Exercises						Must tolerate daily walking with no limp & no significant increase in pain/swelling prior to initiating WB cardio (walk, elliptical, stepper)											
Agility Exercises:																	
Running Progression*	1	2	3	4	5	6	7	8	9	10	12	16	20	24			
Initial-Single Plane	NWB																
Advance-Multi Directional																	
Functional Sports Test																	
High Level Activities:																	
Golf Progression	1	2	3	4	5	6	7	8	9	10	12	16	20	24			
Outdoor biking, hiking, running	NWB																
Return to Full Sport at 9 months post-op																	



## Quad Series:

- Quad sets (5 sec hold) also quick contractions (NMES to supplement)
- Prone quad sets
- SLR with no extension leg
- Progression of Quad Strengthening (WB exercises at 6 weeks)
  - LAQ in safe range -no added resistance to begin
  - Once weight bearing tandem stance TKE with 5 sec hold
  - Isometric wall sit
  - SLR with resistance
  - Step up progression
  - Squat progression
  - Leg press progression
  - Lunge progression

## Hamstring Series:

- Hamstring stretching (supine/prone)
- Hamstring set (heel dig)- contract hamstring with knee flexed pressing heel into the floor (5 sec hold)
- Hamstring curls
- Progress to resisted hamstring curl

## Sport Test Exercises:

- Goals: impact training and introduction of directional drills
- Double leg squat jumps
- Box jumps
- Speed skaters
- Double leg jumps for height and distance progress to single leg as tolerated
- Blaze pod change of direction drills

## Further Clarifications and Considerations

- May begin to implement BFR as early as 1 week into post-op period
- Functional Sports Test: Baseline completed around 7 months post-op with subsequent test at 9 months



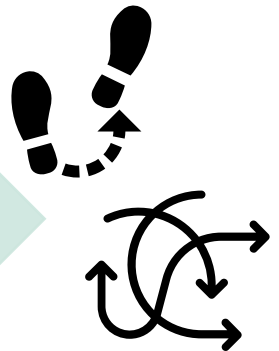
## Return to Running Criteria

- Trace effusion, flexion within 5 degrees of contralateral side
- LSI on anterior reach Y balance test  $\geq 90\%$
- LSI on quadriceps torque output on isometric measurement  $\geq 75\%$
- 12" SL squat tolerance
- Able to walk > 1 mile with no limping or pain
- Able to "hop" with UE assist on operative leg 5 times without pain or compensation
- SL balance with eyes closed 30 seconds without loss of balance



## Return to Agility/Change of Direction Criteria

- Return to running criteria listed above met
- No effusion
- Full ROM
- Quad LSI on isokinetic  $\geq 85\%$
- Hamstring LSI on isokinetic  $\geq 85\%$
- LSI on anterior reach Y-balance  $\geq 95\%$
- SL hopping pain-free and effusion free



## Return to Sport Criteria

- In order to test must demonstrate full AROM, no pain, no/trace effusion, 5/5 strength, negative lachman and pivot shift, LSI  $\geq 95\%$  hamstring curl and leg press
- Quadricep strength  $\geq 95\%$  of contralateral side (< 2cm of atrophy)
- Able to perform single leg squat with correct form
- LSI SL hop  $\geq 95\%$
- Y-Balance  $\geq 95\%$  (mean of 3 trials in anterior, posterolateral, posteromedial/100)
- Vertical jump test, single leg hop distance, and timed single leg hop over 20 -feet  $\geq 90\%$  of contralateral side

