

Non-Operative PCL Rehab

Name _____ Date _____

Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Initial goals of PCL non-operative care is to protect PCL with bracing and limiting range of motion. The typical return to play timeline is 16 weeks if the patient progresses through the protocol well with no setbacks. This guide is designed to progress the individual through rehabilitation to full sport/activity participation. Patient should have full range of motion, strength and be mentally ready to return before allowing them to return fully back to play.

Rehabilitation Guidelines

Weeks 0-6:

- Brace locked in extension for 2-4 weeks (typical is 2 weeks) to prevent posterior tibial translation
- Goals: PCL protection, prevent posterior tibial translation, decrease swelling/pain, quadriceps activation/strengthening
- Brace:
 - 0-2 weeks: locked in extension for ambulation and sleeping
 - 3-6 weeks: unlock brace with ambulation to 70 degrees
- ROM:
 - 0-2 weeks: PROM performed 0-90 degrees in prone position
 - 3-6 weeks: PROM to tolerance prone or supine (no active ROM past 70 degrees of flexion for 6 weeks)
 - Can begin stationary bike at week 3
 - Goal is PROM to 125 degrees pain free
- Manual therapy: patellar mobilizations, calf towel stretches
- Exercise examples: (avoid hamstring activation for 6 weeks)
 - 0-2 weeks: quad squeezes, SLR (braced if quad lag), ankle pumps, NWB hip activation (side-lying leg raises, clam shells), DL calf raises, mini squats/leg press to 45 degrees (in brace), weight shifts

- o 3-4 weeks: continue exercises above—introduce: SAQ, TKEs, SL balance progressions, seated leg extension to 90 degrees, adduction ball squeezes
- o 5-6 weeks: continue exercises above—introduce: SL squat to 45 degrees, leg press to 70 degrees (in brace), long wall sits progressing to short wall sits, step ups, lateral step ups, DL bridges, mini split squat lunges, step downs to 45 degrees
- o *Should include BFR exercises if able to help improve strength*

Weeks 7-12

- Brace: discontinue if good quad control with ambulation and no posterior lag signs
- ROM: no restrictions
 - o Continue with prone PROM stretches
 - o Initiate AAROM exercises to help achieve full ROM (wall slides, towel slides, etc)
- Goals: PCL protection, normalize ROM, quadricep strengthening, activate glutes for stability and biomechanical protection
- Manual therapy: continue with patellar mobilizations and calf stretches if indicated
- Exercise Examples: (limit double leg strengthening exercises to 70 degrees knee flexion for 8 weeks)
 - o 7-8 weeks: continue exercises listed above, progressing balance exercises and lunges (forward lunge with short step □ long step forward □ side lunges)
 - o 9-12 weeks: initiate a jogging program if quad girth is 90% contralateral side and strength and stability are achieved, progress CKC strengthening exercises to beyond 70 degrees of knee flexion.
- Criteria to advance: patient demonstrates good strength, AROM 0-130 degrees pain free, no knee valgus with closed chain exercises.

Weeks 13-16+:

- Brace: functional PCL brace should be used initially with returning back to sport specific drills and practices – can discontinue brace if patient demonstrates good strength and control on field and no feelings of instability.
- Goals:
 - o Progress back into sport specific drills, continue to increase SL strength of the affected side, normalize sport specific running/jumping/agility patterns.
- Exercise examples:
 - o If patient can demonstrate good strength and full ROM – introduce sport specific exercises – cutting drills, agility work, etc.
 - o Plyometric exercises are emphasized: skater hops, DL leg press jumps, BW squat jumps. DL box jumps, SL step off lands, SL lateral hops onto step, etc.
 - o Progression of SL limb strengthening:
 - Introduce isolated hamstring exercises at week 13: leg curls, SL RDLs, Nordic curls
- Criteria to Return to Play:
 - o Full AROM, normalized quad strength, no evidence of instability with sport specific drills, >90% RTP testing criteria met (SL hop test, cross over test, Y-Balance test, triple hop for distance), mentally ready to return (not fearful or timid).

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

**Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon.
Every team member plays an important role in recovery.**

Signature _____ **Date** _____