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ISOLATED AND COMBINED PCL RECONSTRUCTION POST-OP REHABILITATION PROTOCOL

GENERAL PRINCIPLES

- No open chain hamstring work
- Assume 8 weeks for graft to bone healing time
- Caution against posterior tibial translation (gravity, muscle action)
- CPM 0°-60° to start
- PCL with posterolateral corner or LCL repair follows different post-op care, i.e., crutches x 3 months
- Supervised physical therapy takes place for approximately 3-5 months post-op.

GENERAL PROGRSSION OF ACTIVITIES OF DAILY LIVING (ADLs)

Patients may begin the following activities at the post-op dates listed (unless otherwise specified by the physician):

- Bathing/Showering without brace (surgical incisions should be healed before immersion in water) – 1 week post-op
- Sleep without brace – 8 weeks post-op
- Driving – 6-8 weeks post-op
- Full weight bearing without assistive devices – 8 weeks post-op (with physician clearance)

PHYSICAL THERAPY ATTENDANCE

The following is an approximate schedule for supervised physical therapy visits:

0 to 1 month:	1 x week
1 to 3 months:	2-3 x week
3 to 9 months:	2 x month
9 to 12 months:	1 x month

REHABILITATION PROGRESSION

0.1 WEEK POST-OP

Brace: Locked at 0°-60° maximum

Weight bearing Status: WBAT with crutches, with brace locked

Special Considerations: Pillow under proximal posterior tibia at rest to prevent posterior sag

Therapy: Quad Sets Ankle Pumps
 SLR Hip Alphabets
 Hip AB/AD

7-28 DAYS POST-OP

Brace: **Locked** except for protected range of motion performed by physical therapist or athletic trainer.

WB Status: WBAT with crutches, with brace locked

Special Considerations: Continue use of pillow under tibia at rest.

Therapy: PT/AT Assisted knee flexion
 For PCL only patients: Maintain anterior pressure on proximal tibia as knee is flexed.
 For combined PCL/ACL patients, maintain neutral position of proximal tibia as knee is flexed.
 It is important to prevent posterior tibial sagging at all times.
 - Hamstring and Calf stretching
 - Calf press with Theraband

- Standing calf raises with full knee extension
- Standing hip extension from neutral
- Continue exercises as above

4-8 WEEKS

- Brace: 4-8 weeks: Brace is unlocked for **supervised** gait training only
(patients must be under the direct supervision of a PT/AT)
- WB status: WBAT with crutches
- Ther. Ex: - When patient exhibits independent quad control, may begin open chain extension, if no flexion contracture exists.
- Wall slides (0° to 45°)
Begin isometric, progress to active against body weight.
 - Ambulation in pool (only while in physical therapy)
 - Continue to maintain hamstring flexibility

8-12 WEEKS

- D/C Brace 8 weeks
- WB status: Wean off crutches at 8 weeks post-op
May D/C crutches if patient exhibits:
- No quad lag with SLR
 - Full knee extension
 - Knee flexion 90°-100°
 - Normal gait pattern
- Therapy: Stationary bike: Foot forward on pedal (no toe clips), seat high
Balance and proprioception
Seated calf raises
Leg press (within available range of motion)

12 WEEKS (3 MONTHS)

- Progress functional and symptomatically
- Therapy: Treadmill walking
Jogging in pool with
Swimming – no breaststroke

- emphasize flutter kick from hip (minimize active knee flexion)

3-6 MONTHS

Reduce frequency of physical therapy sessions. Pt may continue therapy at gym club if released by physician. During this phase the patient should check in with the supervising physical therapist once every 2 weeks.

6-12 MONTHS

Return to full activity per MD release and testing shows surgical side quad strength at least 90% of unoperated side.

(e.g. Return to work based on function capabilities)

Sports specific functional progression

- Nordic Track
- Jog/Run progression
- Backward running, Cutting
- Jumping (Plyometrics)

NO SQUATS OR LUNGES AT ANY TIME!