Sutter Health

Jonathan D. Hughes, MD PhD
Orthopedics and Sports Medicine
Phone: (916) 262-9440
Fax: (916) 262-9445

PCL Reconstruction:

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after a PCL reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS:

Phase I (Weeks 2-6)

- Anti-inflammatory modalities / patellar mobilization
- ROM: flexion to 90 degrees maximum; Achieve terminal extension
- Weight bearing: WBAT with brace locked in extension
- Straight leg raises
- No open chain quad exercises
- Brace on at all times
- Short crank bike at 4 weeks if tolerated

Phase II (Weeks 6-12)

- Begin squat/step program
- Begin proprioception program
- Begin quad isotonics with proximal pad in 90° - 40° arc (leg press, wall slides)
- Nordic track if available
- Hip strengthening
- Hamstring (isometric only), adductor, Achilles strengthening
- Patellar Mobilization

- Anti-Inflammatory Modalities
- Closed chain stationary bike - minimal resistance up to 20 minutes

Phase III (Weeks 12-24)

- Quadriceps isotonics - full arc for closed chain. Open chain: 90° - 40° arc
- Begin functional exercise program
- Isokinetic quadriceps with distal pad
- OK to walk on treadmill (forward) & slow retrostep
- Begin running program at 18 weeks
- KT-1000 test
- Continue isolated muscle stretching & strengthening / Continue bike

Phase IV (Weeks 24+)

- Full arc progressive resistance exercises - emphasize quads
- Agility drills
- Advanced functional exercises
- Progress running program – cutting
- Isokinetic KT-1000 test
- test at 60°/second, 180°/second, 240°/second