

PCL with or without PLC REHAB PROTOCOL

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-2 weeks	As tolerated with crutches and brace locked If PLC reconstruction TTWB with crutches and brace locked	Locked in full extension for sleeping and all activity	Locked in extension	Quad sets; SLR x 4 in brace (avoid abduction if PLC) Patellar mobs (instruct for HEP) E-stim and biofeedback No hip or leg abduction at any time if PLC surgery No active hamstring exercises until 8 weeks post op
PHASE II 2-6 weeks	As tolerated with crutches and brace locked If PLC reconstruction continue TTWB with crutches and brace locked	Locked in full extension for ambulation May unlock to achieved motion for sedentary positions Continue to use for sleep	Begin ROM 0-30 degrees. Increase 30 degrees per week with goal 90 at end of week 6. Passive motion only (no active hamstring firing).	Continue phase I exercises SLR x 4 with brace with no resistance when no lag (avoid abduction if PLC); may do without brace after week 4 (avoid abduction if PLC) SAQ Mini-squats in brace 0-30 degrees (avoid if PLC)
PHASE III 6-12 weeks	WBAT Wean off crutches when normal gait pattern. If PLC reconstruction begin 50% and advance to FWB by week 8.	Open to ambulate Discontinue when adequate quad strength and normal gait per MD instructions Discontinue for sleep	Progress ROM as tolerated.	Continue phase I and II exercises Gait training Wall sits and mini squats 0-45 if and when FWB (week 8 if PLC) Gentle hip abduction with no resistance below knee level May begin prone hangs for terminal extension if necessary at 8 weeks 8-12 Weeks: stationary bike with light resistance; begin closed chain quads; leg press to 90; balance and proprioceptive exercises; begin active hamstring exercises; advance hip/core; treadmill walking

<p>PHASE IV 12-24 weeks</p>	<p>Full</p>	<p>Functional bracing dependent on patient activity and doctor recommendation</p>	<p>Full</p>	<ul style="list-style-type: none"> • Advance closed chain strengthening • Progress proprioception activities • Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike • Stairmaster and swimming (flutter kick) okay at 14 weeks • Jog to run progression at 4 months
<p>PHASE V > 24 weeks</p>	<p>Full</p>	<p>Functional bracing dependent on patient activity and doctor recommendation</p>	<p>Full</p>	<ul style="list-style-type: none"> • Continue and progress strengthening program based on goals and deficits • Agility progression when criteria met: side steps, crossovers, figure 8 running, shuttle run, one and two leg jumping, cutting, acceleration deceleration sprints, agility ladders • Initiate plyometric program as appropriate for patient goals • Initiate sport specific drills as appropriate • Gradual return to sports participation • Maintenance program

* PCL reconstruction-- no prone hangs or HS exercises for 8 weeks

** Weight bearing status and motion may vary depending on nature of surgery. Please refer to specific PT Rx provided to patient for confirmation of WB status