

**PCL & POSTEROLATERAL CORNER RECONSTRUCTION  
REHABILITATION PROTOCOL  
Dr Aukerman (Revised 3/22/18)**

**ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:**

- Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member how to don/doff stocking
  - May discharge when no swelling or effusion- typically 3-4 weeks p/o
- Stress early knee extension. Should reach full knee ext by 2 weeks post-op.
- Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.
- All multi-ligament reconstructions on ASA 325 p/o daily X2 weeks unless contraindicated (i.e. Coumadin, Bloodthinners, Allergies)

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE 1</b> 0-6 weeks	Heel touch WB in brace	0-2 weeks: Locked in full extension for ambulation and sleeping  2-6 weeks: Unlocked 0-90° for ambulation and sleep	0-2 weeks: 0-45°  2-6 weeks: 0-90°	Quad sets, patellar mobs, gastroc/soleus stretch  Scar mobs 4-6 weeks when adequate healing  SLR w/ brace in full ext until quad strength prevents ext lag  Hamstring avoidance until 8 weeks p/o
<b>PHASE 2</b> 6-12 weeks	Advance 25% weekly until full by 8 weeks	Discontinue at 6 weeks if no ext lag	Full	Begin toe raises, closed chain quads, balance exercises
<b>PHASE 3</b> 12-16 weeks	Full	None	Full	Stationary bike, step ups, front and side planks; advance hip and core  Advance closed chain strengthening  Progress proprioception activities  Begin stairmaster, elliptical
<b>PHASE 4</b> 16-24 weeks	Full	None	Full	16 weeks: Running straight ahead  18 weeks: Begin jumping  20 weeks: Advance to sprinting,

				backward running, cutting/pivoting/changing direction; initiate plyometric program and sports specific drills
<b>PHASE 5</b> >6 months	Full	None	Full	Gradual return to sports participation after completion of FSA  Maintenance program based on FSA