

**PCL 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)

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE 1 0-4 weeks	Full in brace	0-6 weeks: Locked in full extension for ambulation and sleeping, unlock for sitting	As tolerated Anterior tibial support for ROM No active hamstring	Quad sets, patellar mobs, gastroc/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag Side-lying hip/core Hamstring avoidance until 8 weeks p/o
PHASE 2 4-12 weeks	Full	Place in non-custom or custom PCL brace at 6-8 weeks. D/c at night	Full	Begin toe raises, closed chain quads, balance exercises Scar mobs 4-6 weeks when adequate healing
PHASE 3 12-16 weeks	Full	None	Full	12 weeks: Stationary bike, step-ups, front and side planks, advance hip and core Advance closed chain strengthening Begin stairmaster and elliptical
PHASE 4 16-24 weeks	Full	None	Full	Initiate running at 16 weeks 18 weeks: Start jump program in PCL brace

				20 weeks: Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate sport specific drills
PHASE 5 >6 months	Full	None	Full	Gradual return to sports participation after FSA Maintenance program based on FSA