REHABILITATION PROGRESSION

• The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

PRECAUTIONS

• supervised physiotherapy is expected for approximately 2-6 months
• functional ACL brace to be worn immediately post-op or once able to fit, and continued for duration of rehab
• bathing/showering without brace after 14 days
• sleep with brace locked in extension for 1 week, position pillow under proximal posterior tibia at rest to prevent posterior tibial sag
• use crutches to weight bear for 1-6 weeks – may begin ambulating immediately post-op

PHASE I (WEEK 1–4)

• weeks 0-4: ROM = full extension to 90° flexion
• extension: knee extension on a bolster, avoid prone hangs secondary to hamstring guarding
• flexion: use gravity or assistance to minimize hamstring activity, such as supine wall slides or seated knee flexion
• patellar mobilization, hip abduction and adduction, ankle pumps
• hamstring and calf stretching, calf press with exercise bands, progressing to standing calf raise with full knee extension.
• quadriceps sets, open chain knee extension against gravity, straight leg raises
• leg lifts in standing with brace on for balance and hip strength – avoid hip extension 2° to hamstring restrictions
• progress to next phase: pain free gait using brace without crutches, no effusion, flexion to 90°
• cryotherapy for knee & modalities for inflammation as needed

PHASE 2 (WEEKS 4–12)

• weeks 5-6: ROM = full extension to 120°, gradually attain full flexion, avoid forced flexion
• extension and flexion: same as phase I
• quadriceps strengthening - closed chain exercises short of 70°
• non-impact balance and proprioceptive drills
• gait drills, hip and core strengthening, stretching for specific muscle imbalances
• 4-8 weeks: wall slides/mini-squats (0-45°), leg press (0-60°)
• standing 4-way hip exercise for flexion, extension, abduction, adduction (from neutral, knee fully extended)
• ambulation in pool (work on restoration of normal heel-toe gait pattern in chest-deep water)
• 8-12 weeks: stationary bike (foot placed forward on pedal without use of toe clips to minimize hamstring activity; seat set slightly higher than normal
• progress to next phase: normal gait all surfaces, functional movements unloading affected leg & without pain with good control, single leg balance > 15 sec., full ROM
• cryotherapy for knee & modalities for inflammation as needed

PCL RECONSTRUCTION REHAB

POSTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

REGENMD REHABILITATION PROTOCOL
PHASE 3 (WEEKS 12–24)

• continue closed kinetic chain exercise progression, treadmill walking, jogging in pool with wet vest or belt
• swimming (no breaststroke or “frog kick”).
• quads strengthening - closed chain, progressing to multi plane and open chain
• impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other & then 1 foot to same foot
• movement control exercises, begin with low velocity, single plane activities with progression to increased velocity and multi plane
  ‣ walk/job progression
  ‣ forward/backward running, 1/2, 3/4, full speed
  ‣ cutting, cross-over drills, etc.
• Initiate sport-specific drills as appropriate for patient

PHASE 4 (MONTHS 6–9)

• sport specific functional progression: slide board, jog/run progression, figure 8, carioca, backward running, cutting
• progress impact control exercises to reactive strengthening and plyometrics
• work hardening/training & replicate sport/work specific energy demands

PHASE 5 (MONTHS 9–12)

• safe return to all athletics & sports
• maintenance of strength, endurance & proprioception
• use of functional PCL brace with sport activity - for completion of 12 months post-op
• possible continuation of PCL brace at discretion of surgeon

SOURCES:
• Sherry, M. Rehabilitation Guidelines for Posterior Cruciate Ligament Reconstruction. UW Health Sports Rehabilitation. (www.uwhealth.org/files/uwhealth/docs/pdf2/SM_PCL.pdf)