

REHABILITATION AFTER PCL RECONSTRUCTION

A. Acute Immediate Post-operative Phase (Early Protection Phase)

- Bracing: Post-op. Hinged brace locked at zero
- ROM: PROM – patient assisted tibial lift into flexion (0 -70°)
- Exercises: Quadriceps Isometrics, SLR – ADD. ABD proximal wt.
 Knee Extension (60° - 0°)
 Electrical Stimulation to Quads.

B. Acute phase (Maximal Protection Phase)

- Goals: Minimize external forces to protect graft
 Prevention of quadriceps atrophy
 Control post-surgical effusion

- Weight Bearing: WBAT with assistive device
- ROM: as tolerated to 90°
- Exercises: Continue Isometric, Quad Strengthening
 CKC Mini-squats, shuttle, bike
 OKC Knee extension (60° - 0°)
 Proprioception Training
 Weight shifts

- Brace: Fit with functional brace at 4 – 6 weeks post-op

C. Progressive ROM/Strengthening Phase

- Weight Bearing: WBAT without assistive device
- ROM: as tolerated to 125 degrees flexion
- Exercises: Continue quad strength training
 Begin isotonic quad strength exercises
 Leg Press (0° - 60°)
 Step-ups
 Sport-cord progression program
 Rowing, Nordic Track
 Initiate CKC terminal knee extension

D. Functional Activity Phase

Little scientific data to support a progression of the rehabilitation program into functional stages. Therefore, progression should be based on the patient's tolerance to exercise and level of function. Overall functional tests for power and endurance, popularized during ACL programs should theoretically measure total length, strength and endurance for the PCL reconstructed knee.

Anticipated return to activity following PCL reconstruction is between 9 – 12 months.