
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

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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.