

Posterior Cruciate Ligament Reconstruction – Rehab Protocol

- Brace: TROM brace locked in extension TTWB for 2 weeks, then 50% WB with TROM locked extension, then PCL functional brace for 8 weeks
- Weightbearing: No meniscus repair – Normal progression listed above
- Weightbearing: Meniscus repair – TTWB for 2 weeks brace locked extension, 50% WB for 2 weeks with brace locked extension, FWBAT for 2 weeks in TROM brace locked straight, then transition to PCL functional brace for 6-8 weeks

PHASES & TIME LINES	REHABILITATION GUIDELINES	GOALS
<p style="text-align: center;">Phase I 0 – 6 Weeks</p>	<ul style="list-style-type: none"> • ROM goal: 90° at 2 weeks postop • ROM goal 135° at 6 weeks postop • Patella mobilizations • No hyperextension • Modalities: Electrical stimulation/muscle re-education, Pain/edema mgmt (cryotherapy) • Strengthening: quad/hamstring/glute isometrics, straight leg raises in all directions, active knee extension • Closed Chain: gait retraining when appropriate, toe raises, wall sits, mini-squats • 4-Way hip strengthening • Leg press 0-70° • Stationary Bike (no resistance if meniscus was repaired) • UBE, aquatic therapy (once incisions have healed) • Balance/Proprioceptive training if FWB • Weight shifting when weight bearing restrictions allow 	<ul style="list-style-type: none"> • Pain control • Protection of repair and/or recon. • Normalize gait • Full passive ROM • Good quad control
<p style="text-align: center;">Phase II 6-12 Weeks</p>	<ul style="list-style-type: none"> • ROM goal: full passive and active extension and flexion • Modalities: Electrical stimulation/muscle re-education, Pain/edema mgmt (cryotherapy) • Scar massage • Strengthening: straight leg raises with weight, active knee extension with ankle weights, avoid resisted hamstring curls • Closed Chain: gait retraining, toe raises, wall sits, squats, step ups • 4-Way hip strengthening with weight • Leg press 0-70° • Stationary Bike, Elliptical trainer, stair stepper • Aquatic therapy • Balance/Proprioceptive training • Core stabilization 	<ul style="list-style-type: none"> • Full active and passive ROM • Quadriceps control obtained • Normalize gait if WB was delayed
<p style="text-align: center;">Phase III 12-16 Weeks</p>	<ul style="list-style-type: none"> • Strengthening: progressive resisted exercises, continue closed and open chain exercises avoiding resisted knee flexion • Stationary bike, elliptical trainer, stair stepper, treadmill • Balance/Proprioceptive Training 	<ul style="list-style-type: none"> • Increase ambulation and standing endurance

<p>Phase IV 4-6 Months</p>	<ul style="list-style-type: none"> • Begin treadmill jogging • Avoid any pivoting or twisting • Begin supervised light jump training/plyometrics in functional PCL brace • Strengthening: progressive resisted exercises, continue closed chain exercises and begin open chain exercises avoiding knee extension machine • Stationary bike, elliptical trainer, stair stepper, treadmill • Aquatic therapy 	<ul style="list-style-type: none"> • Near full strength • Increase strength and endurance
<p>Phase V 6-9 Months</p>	<ul style="list-style-type: none"> • Running/sprinting program • Jump training/plyometric training • Begin supervised pivoting/twisting/cutting in functional PCL brace • Strengthening: continue progressive resisted exercises with no restrictions • Stationary bike, elliptical trainer, stair stepper • Aquatic therapy 	<ul style="list-style-type: none"> • Strength $\geq 90\%$ of contralateral knee • Proper jump and landing technique • Return to pain-free sport specific training