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PCL and Medial Meniscus Root Repair Protocol

The PCL reconstruction is not as sturdy as a typical ACL fixation so prevention of posterior tibia translation through the first eight weeks is paramount.

Goals:

- Full knee ROM - all ROM exercises must be performed in the prone or side lying position for the first month
- Non-weight bearing for one month and crutches for first month
- Pain/Edema reduction
- Begin and Enhance normalization of quad recruitment
- **Prevent posterior translation and tibia rotation**

0-4 weeks post op

- Modalities as needed
- Brace locked at 0° at all times except for ROM ex's by ATC or PT for first month
- Teach patient to perform Home Stretching Exercises 2 -3x's daily
- ROM Ex's: In prone position or side lying only, grip the heads of the gastroc/soleus group and maintain anterior pressure proximally to the tibia while flexing the knee
- Advance ROM as tolerated
- Begin patella mobilizations
- Scar management
- Quad sets/SLR in Brace at 0° (assist patient with this exercise until solid quad contraction developed, prevent posterior sag) 3x10 3x's/daily, may use ankle weights as they will increase anterior translation
- No hamstring isometrics for seven weeks
- Seated calf ex's
- Teach Quad ex's for home program
- PT visits 2x/week for first month

4 weeks post op

- OK to start 50% weight bearing with brace unlocked 0-90 degrees
- Cont. as above
- Stationary Bike to increase ROM, start with high seat and progress to normal height when able, resistance as tolerated
- Begin weaning off crutches

6 weeks post op

- OK full weight bearing with brace unlocked 0-90 degrees
- Cont. as above
- Leg extensions
- Leg press with both legs

8 weeks post op

- D/C brace and normalize mechanics
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- Cont. as above
- May begin aquatic therapy emphasizing normal gait, marching forwards/backwards
- Full WB as tolerated
- ROM - prone flexion 120° or more, and advance to full ASAP
- Treadmill walking - forwards and retro
- Closed and Open Chain resistive tubing ex's
- Single leg stands for balance/proprioception
- Unilateral step-ups - start with 2" height and progress to normal step height as able
- Chair/Wall squats - keep tibia perpendicular to floor

12 weeks post op

- Cont. as above
- All ex's should be on affected leg only at this time
- ROM should be progressing, if not contact doctor
- Retro walking, lateral stepping, NO cross over stepping or shuffling
- Standing leg curls with cuff weights
- Advance strengthening for quads as tolerated

16 weeks post op

- Cont. as above
- Advance hamstring strengthening into prone position
- Slide Board - start with short distance and progress as tolerated
- Stairmaster, Versa Climber, Nordic Track and Elliptical Trainers

20 weeks post op

- Cont. as above
- Assessment of jogging on treadmill
- Lateral Movement supervised by ATC or PT
 - Stepping, shuffling, hopping, carioca

24 weeks post op

- Cont. as above
- Initiate plyometric program as appropriate to patient's functional goals
- If plyometric exercise intensity is high the volume must be decreased, give ample recovery time between sets
- 2-3 sessions a week preferably on weight lifting days
- Initiate sport specific activities under supervision by ATC or PT

30 weeks post op

- Cont. as above
- Emphasize strength and power development
- Running and sport specific drills under ATC or PT supervision
- Isokinetic test for Quad strength difference $\leq 15\%$ and unilateral Hamstring/Quad strength ratio of 65% or better
- Cont. strength testing monthly until patient passes then perform functional testing
- Functional testing is appropriate for people returning to advanced recreational activities or sports
- See physician prior to release to full activities