



POSTERIOR CRUCIATE LIGAMENT RECONSTRUCTION PROTOCOL

Name: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: 1 2 3 4 times / week Duration: 1 2 3 4 5 6 Weeks

___ Day 0-7 (PT 1x/wk):

- Brace locked in full extension at all times (sleeping, etc)
- Non-weight bearing on leg
- Begin quad sets, SLRs, hip Ab/Adduction, ankle pumps (in brace)

___ Weeks 1-6 (PT 1x/wk):

- Non weight bearing with brace locked in full extension while ambulating
- Pillow behind proximal tibia at rest to prevent posterior tibial sag when out of brace (at rest)
- Supine PROM 0-60 degrees in brace by Physical Therapist – maintain anterior force on proximal tibia to prevent posterior tibial sag
 - Advance to supine PROM 0-90 degrees weeks 5-6
- Hamstring/calf stretching, standing hip extension exercises
- Calf press with TheraBand progressing to bilateral standing calf raises with full knee extension, progress to single leg calf raise

___ Weeks 7-10 (PT 2-3x/wk):

- Progress to AAROM/AROM/WBAT over 2-4 weeks with brace 0-90 then unlocked
 - No isolated resisted/weighted hamstring activation
- Wall slides 0-45 degrees – begin isometric then progress to active against body weight only
- Standing hip extension/flexion/abduction/adduction with resistance (resistance must be proximal to knee)

___ Weeks 11-12 (PT 2-3x/wk):

- D/c crutches/brace when no quad lag with SLR, gait pattern normalized
- Stationary bike with seat higher than normal to minimization of hamstring activity
- Closed chain terminal knee extension initially with TheraBand then progress to weights
- Balance/proprioception – single leg stance exercises
- Leg press 0-90 degrees

___ Months 3-6 (PT 2x/month):

- Advance closed chain exercise program
- Treadmill walking
- Progress proprioception and balance activities

___ Months 6+

- Begin slow progression towards sports specific training exercises (jogging, etc.)
- Maintain strength, endurance, and flexibility

Signature _____

Date: _____