

PCL + PLC RECONSTRUCTION (+/- PCL RECONSTRUCTION)

Post-Operative Rehabilitation Protocol

0-6 Weeks:

- Weight Bearing: Non-weight bearing (NWB) with crutches for 6 weeks.
- Brace:
 - o Keep the brace locked in full extension for ambulation and sleeping for 6 weeks.
 - If undergoing PCL reconstruction, use a dynamic knee brace for 6 months postop.

• ROM:

- For PCL reconstruction, perform range of motion (ROM) exercises only in the prone position to avoid tension on the PCL graft from posterior tibial glide caused by gravity.
- Weeks 0-2: Limit ROM to 0-90° for knee flexion, progressing as tolerated. Focus on maintaining full extension.
- o ROM Exercises:
 - Wall slides and supine heel slides with strap
 - Seated knee flexion with assistance from the contralateral leg
 - If PCL reconstruction, perform prone knee flexion passive ROM (PROM) with a strap

Strengthening & Neuromuscular Control:

- Perform quad sets, prone terminal knee extensions (TKE), and straight leg raises
 (SLR) in the brace.
- If quadriceps activation is insufficient, use neuromuscular electrical stimulation (NMES).
- Quad isometrics at 90°, 60°, 30°, and 0° of knee flexion in a side-lying position (S/L), with hip abduction in the brace.
- Perform prone hip extensions with the brace.
- Work on ankle mobility and resisted motions in all planes while in supine, long sit, or seated position.
- o Focus on core stabilization exercises in supine and seated positions.
- o Perform anti-rotation exercises (e.g., Pallof press) in seated and supine positions.

 Incorporate core isometrics with upper extremity (UE) and lower extremity (LE) dissociative movements.

Weight Bearing Status:

NWB for 6 weeks

Brace Settings:

- Locked straight for ambulation and sleeping for 6 weeks.
- Once good quadriceps control is achieved, switch to an open brace.

ROM Restrictions:

PROM 0-90° starting on post-op day 1

Progression Criteria:

- Pain-free ROM 0-90°
- Pain/swelling under control
- SLR without extensor lag

6-12 Weeks:

- No kneeling for 12 weeks post-op.
- Begin progressing to partial weight bearing (PWB) and then to full weight bearing (FWB). Start to wean off assistive devices.
- Discontinue crutches and brace once quadriceps activation and strength are sufficient.
- ROM:
 - Begin stationary bike as tolerated.
- Proprioception & Balance:
 - Initiate balance training.
- Strengthening:
 - Closed-chain functional exercises, including mini squats, step-ups, and lunges in the sagittal plane (avoid knee flexion >70°).
 - Incorporate bridges and side steps.
 - Use resistance bands proximally to minimize varus stress on the knee.
 - o Continue with core strength and endurance exercises.

Progression Criteria:

• Pain-free, non-antalgic gait without assistive devices for limited distances.

- PROM normalized to the contralateral side (100%).
- Dynamometry strength at 80% compared to the contralateral leg.

12-20 Weeks:

- Begin transverse plane and multiplanar motions.
- Initiate plyometric exercises and work on restoring power.

Progression Criteria:

- Y-balance test >90%.
- 60-second continuous single-leg squat to 60° without compensations in the femoral or lumbopelvic regions.
- Plank and side plank for 60 seconds without compensations.
- Dynamometry strength at 90% compared to the contralateral leg.
- Return to prior functional level with minimal symptoms.

>20 Weeks:

- Initiate Alter G (anti-gravity treadmill) running at 20 weeks.
- Full body running can begin at 24 weeks.
- Incorporate sport-specific dynamic exercises.
- **If PCL reconstruction:** Discontinue the dynamic brace if kneeling stress X-rays show less than 2mm difference.

Note: Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery