



# PCL TEAR ACCELERATED (NON-OP) NON-OP PHYSICAL THERAPY PROTOCOL

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Evaluate and Treat      \_\_\_\_\_ Provide patient with home program

Frequency: \_\_\_\_\_ x/week x \_\_\_\_\_ weeks

## Precautions:

- Avoid greater than 90° of knee flexion for the first 6 weeks post injury.
- If greater than 90° of knee flexion is performed, this MUST be done with an anterior drawer force to prevent posterior subluxation.
- Posterior knee pain may mean the patient is progressing too quickly.

## Guidelines:

- Rehabilitation must be highly individualized.
- Quadriceps strength is related to return to sport and patient satisfaction.
- Protect the patellofemoral joint.
- Avoid open-chain knee flexion exercises. Utilize closed-chain exercises to enhance function of hamstrings.
- Early considerations: Quadriceps sets, straight leg raises, biofeedback, electrical stimulation for quads.

## Phase I: Day 0-10

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- Range of motion: 0 – 60°
- Effusion Control: Ice, elevation, NSAIDs
- Gait/Weightbearing: Protected weightbearing (50%) with crutches locked in extension.
- Exercise:
  - Isometric quadriceps when pain permits
  - Avoid open chain hamstring strengthening exercises

## Phase II: Day 10-21

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- Range of motion: Early range of motion within limits of pain: Active-assisted and passive range of motion less than 60°. Can increase to 90° of knee flexion, but this MUST be done with anterior drawer force protecting the knee.
- Effusion control: Ice, elevation, NSAIDs, electrical stimulation.
- Gait/Weightbearing: Weight bearing as tolerated with knee brace locked in extension.
- Discontinue crutches when patient is able to and the effusion is controlled.
- Exercise:
  - Isometric quadriceps when pain permits
  - Leg press 0-60°
  - Avoid open chain hamstring strengthening exercises
- Avoid posterior tibial subluxation: Place a pillow under posterior aspect of lower leg when lying down.

### Phase III: Weeks 3-5

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- Range of motion: Progress as tolerated.
- Effusion control: Ice, elevation, NSAIDs, electrical stimulation
- Gait/Weightbearing: Weightbearing as tolerated.
- Discontinue the large hinged knee brace as tolerated.
- Obtain a functional PCL brace.
- Exercise/Functional Training:
  - Focus on increasing strength and endurance of quadriceps.
  - Open chain knee extension exercises allowed IF no patellofemoral symptoms
  - Quadriceps sets and terminal knee extension.
  - May perform hip extension with knee extension.
  - No hamstring exercises with knee flexed.
  - Bike
  - Mini-squats 0-60°
  - Leg press 0-60°
  - Continue anterior drawer with knee flexion as above.

### Phase IV: Weeks 5-8

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- Range of motion: Monitor
- Effusion: Monitor
- Gait/Weightbearing: As tolerated.
- Exercise/Functional Training:
  - Closed chain exercises to improve functional strength:
    - Mini squats
    - Wall slides
    - Step ups and leg press
    - Isotonic quadriceps progressive resistance exercises.
    - Proprioceptive training follows strengthening: Slide board

### Phase V: Weeks 8-12

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- Begin a running program
- Gradual return to sport specific training Return to sports criteria:
- Full pain-free knee extension
- Full pain-free knee flexion
- Quadriceps strength > 85% of contralateral side
- Continue PCL brace until full return to play with no effusion (remainder of season)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

This patient \_\_\_\_\_ would \_\_\_\_\_ would not benefit from social services.

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_