



# POSTERIOR CRUCIATE LIGAMENT (PCL) RECONSTRUCTION

## Physical Therapy Protocol

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

\_\_\_\_\_ Evaluate and Treat

\_\_\_\_\_ Provide patient with home exercise program

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

### \_\_\_\_\_ Phase I (0-4 weeks):

- **Weight Bearing:** Full in brace.\*
- **Brace:**
  - 0-2 weeks: Locked in full extension for ambulation and sleeping.
  - 2-6 weeks: Unlocked for ambulation, remove for sleeping.\*\*
- **ROM:** As tolerated.
- **Exercises:** Quad sets, patellar mobs, gastroc/soleus stretch.
  - SLR w/ brace in full extension until quad strength prevents extension lag.
  - Side-lying hip/core.
  - Hamstrings avoidance until 6 weeks post-op.

### \_\_\_\_\_ Phase II (4-12 weeks):

- **Weight Bearing:** Full.
- **Brace:** Discontinue at day 28 if patient has no extension lag.
- **ROM:** Full.
- **Exercises:** Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core.

### \_\_\_\_\_ Phase III (12-16 weeks):

- **Weight Bearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:** Advance closed chain strengthening.
  - Progress proprioception activities.
  - Begin stairmaster, elliptical and running straight ahead at 12 weeks.

\_\_\_\_\_ **Phase IV (16-24 weeks):**

- **Weight Bearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:** **16 weeks:** Begin jumping.  
**20 weeks:** Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills.

\_\_\_\_\_ **Phase V (>16 months):**

- **Weight Bearing:** Full.
- **Brace:** None.
- **ROM:** Full and pain-free.
- **Exercises:** Gradual return to sports participation after completion of FSA.\*\*\*  
Maintenance program based on FSA.

\*Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

\*\*Brace may be removed for sleeping after first post-operative visit (day 7-10)

\*\*\*Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at 22-24 weeks post-op for competitive athletes returning to play after rehab

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: \_\_\_\_\_