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## PCL Injury Non-Surgical Rehabilitation Protocol

Phase / Goals	Immobilization	ROM	Therapeutic Exercises
<ul> <li>Phase 1 (0-2 weeks)</li> <li>Goals:</li> <li>ROM 0-90°</li> <li>Protect posterior tib sag</li> <li>No quad lag</li> </ul>	<ul> <li>PCL brace at all times including sleep</li> <li>20lb flat foot weight bearing in brace x 2 weeks</li> </ul>	<ul> <li>PROM 0-90° – all ROM exercises performed prone or side lying x 2 weeks</li> <li>Modalities PRN</li> </ul>	<ul> <li>Home stretching 2-3x daily</li> <li>Flexion/extension seated/calf assisted</li> <li>Quad sets, SLR</li> <li>Ankle pumps</li> <li>No hamstring isometrics x6 weeks</li> </ul>
<ul> <li>Phase 2 (3-4 weeks)</li> <li>Goals:</li> <li>Control effusion</li> <li>Full PROM</li> <li>Full weight bearing</li> </ul>	<ul> <li>PCL brace at all times including sleep</li> <li>Advance to full weight bearing</li> </ul>	<ul> <li>Full PROM, begin AAROM         <ul> <li>Avoid hyperextension x 12 weeks</li> </ul> </li> <li>Modalities PRN         <ul> <li>Begin BFR</li> </ul> </li> </ul>	<ul> <li>Closed chain strengthening 0-45°</li> <li>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</li> <li>Begin stationary bike w/ no resistance once ROM 0-120°</li> <li>Can begin pool therapy, but NO kicking</li> </ul>
<ul> <li>Phase 3 (5-6 weeks)</li> <li>Goals:</li> <li>FWB</li> <li>Full ROM</li> <li>4+/5 quad strength</li> </ul>	<ul> <li>FWB</li> <li>PCL brace at all times including sleep</li> </ul>	<ul> <li>Progress to full A/PROM         <ul> <li>Avoid hyperextension x 12 weeks</li> </ul> </li> <li>Patellar mobilization</li> <li>Modalities PRN</li> </ul>	<ul> <li>¼ squats, leg press 0-60° light weight</li> <li>Gentle sit and reach for hamstrings (no hypertext)</li> <li>Start proprioception training in brace</li> <li>Stationary bike with minimal resistance</li> <li>Single leg stance</li> </ul>

Phase 4 (7-8 weeks) Goals: • FWB	<ul> <li>FWB</li> <li>PCL Brace full time</li> </ul>	<ul> <li>Full A/PROM         <ul> <li>Avoid hyperextension x 12 weeks</li> </ul> </li> <li>Patellar mobilization</li> </ul>	<ul> <li>Light RDL/sliders</li> <li>Leg press 0-90° light weight</li> <li>Squat progression</li> <li>Stationary bike advance resistance</li> <li>Progress from bilat leg press to unilateral w/ light weight</li> </ul>
<ul> <li>Phase 5 (9-12 weeks)</li> <li>Goals:</li> <li>5/5 strength</li> <li>Normal gait</li> <li>Good single leg stance</li> </ul>	<ul> <li>FWB</li> <li>PCL Brace full-time</li> </ul>	<ul> <li>Full A/PROM         <ul> <li>Avoid hyperextension x 12 weeks</li> </ul> </li> </ul>	<ul> <li>Start plyometric/jump training</li> <li>Start long lever hamstring exercises and strengthening</li> <li>Isokinetic test for Quad strength difference ≤ 10% and unilateral Hamstring/Quad strength ratio of 65% or better</li> <li>Initiate early return to play exercises</li> <li>Return to running when sufficient strength and stability (&gt;90% quad strength and girth)</li> </ul>
<ul> <li>Phase 6 (13-16 weeks)</li> <li>Goals:</li> <li>Return to sport</li> </ul>	<ul> <li>FWB</li> <li>PCL brace during training or sport</li> </ul>	Full A/PROM	<ul> <li>Start resisted dominant hamstring</li> <li>Advance return to play exercises and drills</li> <li>Avoid deep loaded CKC flexion until 16 weeks</li> <li>Continue strength testing monthly until patient passes then perform functional testing</li> <li>Dr. Ridley to discuss prior to return to sport</li> </ul>
<ul> <li>Phase 7 (17-28 weeks)</li> <li>Goals:</li> <li>Full game play without instability or swelling</li> </ul>	<ul><li>FWB</li><li>PCL brace optional</li></ul>	Full A/PROM	<ul> <li>Continue strength and plyometric training</li> <li>Advance game time and endurance</li> </ul>

## **RETURN-TO-SPORT CRITERIA:**

Full return to all sports and games

- Atleast 3 months from injury
- No functional complaints, full range of motion & no effusion
- Confidence when running, cutting, jumping at full speed
- >90% isometric quadriceps strength
- >90% contralateral values on hop tests
- >90% Quad Index LSI with Biodex or HHD
- >90% Quad peak torque/body weight on Biodex (if applicable)
- Excellent ACL-RSI