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PCL Reconstruction Rehabilitation Protocol

Phase / Goals	Immobilization	ROM	Therapeutic Exercises
Phase 1 (0-2 weeks) Goals: - ROM 0-90° - Protect posterior tib sag - No quad lag	- Knee immobilizer until POD 3-5 when swelling allows for PCL brace - PCL brace at all times including sleep 25% WB brace locked in full extension x 4 weeks	- PROM 0-90° – all ROM exercises performed prone or side lying x 6 weeks - Patellar & patellar tendon mobilization - Modalities PRN	- Home stretching 2-3x daily - Flexion/extension seated/calf assisted - Quad sets, SLR - Ankle pumps - No hamstring isometrics x6 weeks - Avoid knee hyperextension x12 weeks
Phase 2 (3-4 weeks) Goals: - Control effusion - Full PROM	- PCL brace at all times including sleep 25% WB brace locked in full extension x 4 weeks	- Full PROM, begin AAROM - PRONE or side lying x 6 wks - Avoid hyperextension - Patellar mobilization - Modalities PRN	- Closed chain strengthening 0-45° - 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 - BFR – initiate post op day 15
Phase 3 (5-6 weeks) Goals: - FWB - Full A/PROM 4/5 quad strength	- Progress to FWB with brace locked in extension - Otherwise brace unlocked - PCL brace at all times including sleep	- Progress to full A/PROM - Avoid hyperextension - Patellar mobilization - Modalities PRN	- Begin stationary bike w/ no resistance once ROM 0-120° ¼ squats, leg press 0-60° light weight - Gentle sit and reach for hamstrings (no hypertext) - Start proprioception training in brace - Can begin pool therapy, but NO kicking
Phase 4 (7-8 weeks) Goals: FWB	- FWB with brace locked in extension - Otherwise brace unlocked - PCL brace at all times including sleep	- Full A/PROM - Avoid hyperextension - Patellar mobilization	- Stationary bike with no resistance - Advance to CKC 0-45 - Small forward step-ups - Toe/heel raises - Progress from bilat leg press to unilateral w/ light weight

