

NONOPERATIVE PCL TEAR REHABILITATION PROTOCOL

	WEIGHT BEARING	BRACE	FOCUS	ROM	EXERCISES	PRECAUTIONS
<i>PHASE I</i> Acute Phase (0-4 wks)	*PWB with crutches 0-2 weeks *WBAT with crutches 2-4 wks *wean from crutches at 4 weeks	Postop brace locked at 0 deg at night	*Control pain and swelling *PCL protection *Restore normal gait mechanics *Establish good quadriceps activation *aim to achieve PROM 0-125 deg without extensor lag and with normal gait	*0-90 deg 0-3 wks Progress to full ROM 3-6 wks	-Quad/Add sets, SLR (no lag) - side-lying hip Abd/Add/Ext/ER, -partial range squats 0-45 deg -gasrocnemius stretch - heel raises/ankle pumps	*Minimize joint effusion and edema *avoid hyperextension for 12 wks *no hamstring stretching or strengthening *no bicycling *Alert physician if patient reports episodes of knee buckling
<i>PHASE II</i> Strengthening (4-8 weeks)	FWB	PCL brace	*Maintain ROM *PCL protection *Progress strengthening *Improve gluteus activation	*Maintain full ROM and optimize LE flexibility	-seated flexion to avoid gravity PCL stress (no prone) -static lunges to 45 deg flexion -step ups -single leg deadlifts with knee extended -gluteal progression -wall sits	*Minimize joint effusion and edema *avoid prone exercise *no open hamstring strengthening or isolated exercises *limit strengthening to 70 deg flexion *Alert physician if patient reports episodes of knee buckling
<i>PHASE III</i> Advanced Strengthening (8-12 weeks)	FWB Straight ahead jogging per physician approval	PCL brace can be discontinued at 12 weeks	*may begin isolated hamstring exercises *progress closed chain exercises >70 deg flexion *initiate running program *Maximize neuromuscular control *Initiate plyometrics and light jogging *Initiate return to sport/work activities with physician approval	*Maintain full ROM and optimize LE flexibility	-Bicycle/elliptical/treadmill with progressive resistance -Progress Phase 2 strengthening, step- up progressions, single-limb dead lifts, static lunges -Single-limb balance with perturbations -Double-limb simple and complex plyometrics	*Alert physician if patient reports episodes of knee buckling *Avoid patella femoral joint stress especially with plyometrics *Monitor increased knee effusion with plyometrics *Caution pivoting or lateral movements *Not cleared to return sports
<i>PHASE IV</i>	Full	PCL brace as needed	* Maintain ROM, flexibility, and strength	*Continue daily LE stretching I	-functional sporting drills -Begin single-limb plyometrics, advance	*Alert physician if patient reports episodes of knee

Return to sports (13+ weeks)			*Continue dynamic strengthening and proprioceptive exercises *Continue plyometrics and initiate agility training *Progress sport specific drills		double-limb and single-limb combination jumps -	buckling *Avoid patella femoral joint stress especially with plyometrics *Monitor increased knee effusion with plyometrics *Cleared for return to sport per physician
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REFERENCES:

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