PCL AND PCL/ACL RECONSTRUCTION PROTOCOL

Day 1 - Day 6

- PT removes bandages on POD #3, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4’s, and notify Dr Babb (may need antibiotics).
- NO ice bags on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- NO water on wounds for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars.
- WB as tolerated with crutches (modified with concomitantly performed meniscus repair/transplantation, articular cartilage procedure, or posterolateral corner reconstruction)
  - Brace locked in full extension at all times
  - No ROM
  - Quad sets, ankle pumps, SLR, hip ab/adduction, hamstring/calf stretch, calf press with theraband progressing to standing toe raises with full knee extension, standing hip extension

Day 7 - Day 27

- WB as tolerated with crutches
- Brace locked in full extension for ambulation – removed for exercise
- ROM passive only to 90 degrees flexion (maintain anterior pressure on proximal tibia as knee is flexed – prevent posterior sagging at all times)
- Continue with exercises from Day 1-7

Day 28- Day 41

- WB as tolerated with crutches
- Brace unlocked for gait training/exercise only
- Maintain full extension and progressive flexion to 135 degrees by week 6
- Gait training, wall slides, mini-squats, resisted hip exercises in standing (resistance must be proximal to knee w/ hip abd/adduction exercises)
- Initiate bike
- **Strengthening:**
  - Continue previous strengthening activities
  - Initiate lateral step ups, lateral lunges,

6-12 Weeks post-op

- WB as tolerated and brace unlocked for all activities
- Stationary bike with light resistance, closed kinetic chain terminal knee extensions, Stairmaster, balance & proprioception activities, leg press (limiting flexion to 90 deg)
- D/C brace at 8 weeks if strength is 80% of uninvolved LE with manual testing.
- **Initiate hamstring curls (light) at Week 10**

12 weeks post-op - 9 months post-op

- WB full without use of crutches and normalized gait pattern
- ROM full and pain-free
- Advance closed kinetic chain strengthening, progress proprioception and balance activities, maintain flexibility, begin treadmill walking to jogging progression
- **Straight ahead running**
  - Start with 100 yds at half speed on soft level surface
  - Add 100 yds every other day
  - Work up to 1 mile or 1760 yds
- Outdoor bike

9 months post-op and beyond

- Maintain strength, endurance, and function; begin sport-specific functional progression (backward running, cutting, grapevine, etc.), progress to running, initiate a plyometric program.
- **Gentle lateral movements:**
  - Defensive slide
  - Floor ladder
  - Figure 8’s
  - Carioca’s
- **Transverse plane movements:**
  - Pivots
  - Steps with rotation
- **Low level plyometrics:** stationary jumps, hops, skipping rope. Refer also to MAO plyometric program

Progress to:
- **Advance sport specific drills:**
  - Soccer: Hard kicks if surgery leg is kick leg, do not plant on surgery leg
  - Basketball: lay ups and jump shots, no scrimmaging or one on one until cleared by Dr. Babb
  - Softball/Baseball: Throwing, hitting, running bases
  - Racquet sports: low level hitting against backboard
• **Increase running program**
  o Speed
  o Rounded turns
  o Backpedal
  o Low level direction changes

• **Aggressive agility drills:**
  o Jump
  o Hop
  o Plyometric activities

• **Teach deceleration and injury prevention techniques:**
  o Rounded turn
  o Bent knee landings
  o 3-step stops