



CONWAY ORTHOPEDIC & SPORTS MEDICINE CENTER

Austin Cole, MD

## Posterior Cruciate Ligament (PCL) and Posterolateral Corner (PLC) Reconstruction

### Post-Operative Protocol

#### **Phase I – Maximum protection**

##### **Weeks 0-4:**

- Nonweight-bearing with crutches
- Brace locked in extension for all mobility, may unlock when seated (see ROM limits below)
- Avoid posterior and externally rotated tibia glides or maneuvers
- Avoid isolated hamstring exercises x4 months

##### Goals

- PCL protection
- Reduce inflammation
- Normalize patella mobility with manual mobilizations
- Avoid hyperextension

##### Exercise progression

- Quad activation exercises
- Straight leg raises when no quad lag is present
- Prone passive knee flexion, within limits (see below)
- Hip abd/add exercises
- Upper body exercise, core muscle training as indicated

##### ROM limitations

- 0-2 weeks: 0-60 degrees
- 2-6 weeks: 0-90 degrees

##### **Weeks 4-6:**

- Begin partial weight-bearing at 4 weeks and progress to WBAT by 6 weeks
- Brace locked in extension for all mobility until 6 weeks postop

##### Goals

- Progress off crutches
- Knee flexion to 120°, progress as tolerated
- Normalized gait mechanics
- Reduce inflammation
- Full knee extension
- 100–120° of knee flexion, progress as tolerated

#### **Phase II – Progressive stretching and early strengthening**

##### **Weeks 6-12:**

- Wean from brace as gait normalizes and quad control is sufficient
- Prevent posterior tibial translation

##### Goals

- PCL protection
- Restore full ROM (see below), avoid hyperextension
- Normalize gait mechanics
- Normalize patella mobility with manual mobilizations

##### Exercise progression

- Bilateral squat progression, limited to 70 degrees
- Single leg exercises in static positions (no single leg knee flexion beyond 30 degrees)
- Leg press bilateral, limited to 70 degrees
- Closed kinetic chain hip strengthening
- Step-up and step-down progression
- Stationary biking (no resistance) when ROM > 115 deg
- Proprioception drills

- ROM limitations
- 6-8 weeks: 0-120
- 8-12 weeks: as tolerated, progress to full

### **Phase III – Advanced strengthening and proprioception**

#### **Weeks 12-18:**

##### Goals

- Progressive strengthening and endurance training
- Eliminate movement dysfunction (i.e. no dynamic valgus at the knee)

##### Exercise progression

- Begin isolated hamstring exercise at 16 weeks, progress slowly
- Lunge progression (retro, walk and split) as indicated
- Single limb stability exercises
- Add resistance and duration to stationary biking
- Weighted squat progression, can progress past 70 degrees at 16 weeks
- Single-leg bridges, knees bent, starting at 16 weeks

### **Phase IV – Advanced strengthening and running progression**

#### **Weeks 19-24:**

##### Exercise progression

- Progress resistance with squat and lunge strengthening program
- Advanced ladder series
- Basic plyometric box progression

##### Criteria to progress to Phase V

- Pass preliminary functional test at >90% (involved versus uninvolved limb)
- See testing protocol

### **Phase V – Return to sport**

#### **Weeks 25-36:**

##### Exercise progression

- Linear running progression
- Hurdle and plyo box progressions
- Sport-specific field/court drills
- Noncontact drills

##### Criteria to be released for return to sport

- Follow-up examination with the physician
- Pass return-to-sport functional test at >90% (involved versus uninvolved limb)
- See testing protocol
- Display symmetry and confidence in high-speed cutting, multiplane plyometric drills, sprinting and decelerating