**Isolated PCL Reconstruction Rehab Protocol**

**General Precautions:**

- Full weightbearing – brace locked x2 weeks, unlocked x4 weeks

- No hamstring strengthening until 6 weeks

- ROM as tolerated

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| **Phase** | **Precautions** | **Suggested treatments** |
| **1.****0-4 weeks****Inflammation and pain management** | Full weightbearing in brace 0-2 weeks: Locked in full extension for ambulating and sleeping2-4 weeks: Unlocked for ambulation\*Discontinue brace at 4 weeks or when patient has no extensor lagNo hamstring strengthening until 6 weeks post-opROM as tolerated | -Patellar mobilizations-Progressive resistive exercises (PREs) [low weight, high volume]-Hip and core strengthening-Scar and soft tissue mobilization-Gait training -Balance and proprioceptive exercises-Quad strengthening – SLR with brace until able to perform without extensor lag-Education on inflammation management |
| **2.****4-12 weeks****Protected weightbearing** | Full weightbearing, no braceNo hamstring strengthening until 6 weeks post-op | -Closed-kinetic chain strengthening-Progress balance and proprioceptive exercises-Stationary bike-Progress hip and core strengthening |
| **3.****12-16 weeks****Return to daily activity** | No jumping, sprinting, cutting | -Progress closed-kinetic chain strengthening-Progress proprioception training-Initiate return to run program-Stairmaster, elliptical  |
| **4.****16-24 weeks****Sport/activity-specific movements** | Full | Week 16: Begin jumpingWeek 20: Advance to sprinting, backward running, cutting/pivoting/lateral motion, plyometrics and sport-specific program |
| **5.****6+ months****Return to sport/activity** | Full | Gradual return to sport. |

\*May be modified if concomitant meniscus or cartilage procedure has been performed