**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 sleeping  2-4 weeks: Unlocked for ambulation  \*Discontinue brace at 4 weeks or when patient has no extensor lag  No hamstring strengthening until 6 weeks post-op  ROM 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 brace  No 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 jumping  Week 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