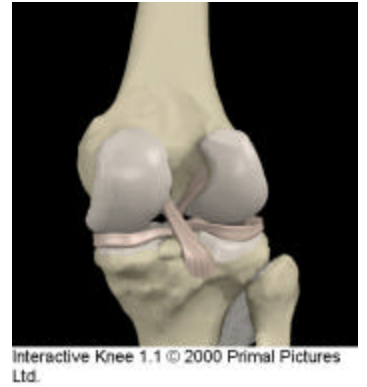


**Postoperative Rehabilitation Protocol for
PCL Reconstruction
PCL/ACL Reconstruction
Posterolateral Corner Surgery**



GENERAL GUIDELINES

- Program is designed to protect the PCL
- Even with addition of ACL no changes made in rehab
- No active hamstring work
- Assume 12 weeks graft to bone healing time
- Caution against posterior tibial translation (gravity, muscle action)
- PCL with posterolateral corner or LCL repair follows different post-op care, i.e. crutches x 8 weeks and brace to avoid varus stress

GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING

Patients may begin the following activities at the dates indicated (unless otherwise specified by the physician):

- Showering – once dressing removed; no immersion until stitches/staples removed and wounds healed
- Sleep without brace - 8 weeks post-op
- Driving: when safely able to operate the controls of the vehicle. Any time for left knee surgery (assuming automatic transmission), and longer for right leg surgery.
- Full weight bearing without assistive devices – 6 weeks for just PCL, but need 8 weeks when any lateral side surgery also performed.

PHYSICAL THERAPY ATTENDANCE

The following is an approximate schedule for supervised physical therapy visits:

- Formal PT begins one month post-op
- 3 times per week is optimal
- Home exercises daily as instructed by the therapist
- Supervised physical therapy takes place for approximately 3-5 months post-op

PHASE I:

Begins immediately following surgery and lasts approximately one month. Patient is to perform ROM exercises and hip, knee and ankle strengthening as directed daily.

Goals:

- Protect healing bony and soft tissue structures
- Minimize the effects of immobilization through:
 - Early protected range of motion (protect against posterior tibial sagging)
 - PRE's for quadriceps, hip and calf with an emphasis on limiting patellofemoral joint compression and posterior tibial translation
- Patient education for a clear understanding of limitations and expectations of the rehabilitation process

Brace:

- 0-2 weeks brace on at all times except to shower fixed at 0 degrees.
- 2-4 weeks post-op the brace is unlocked for passive range of motion to 60 degrees with patients instructed in passive flexion and active knee extension to prevent posterior tibial translation

Weight bearing Status

- TTWB with crutches, brace is locked at full extension.

Special Considerations:

- Pillow under proximal posterior tibia at rest to prevent posterior sag

Therapeutic Exercises:

0-2 weeks

- Hip flexion, extension, abduction and adduction as able
- Straight leg raises for quads
- Ankle Pumps

Add at first post-op visit 2 weeks out:

- Calf press with Theraband
- 2-4 weeks post-op the brace is unlocked for passive range of motion to 60 degrees with patients instructed in passive flexion and active knee extension to prevent posterior tibial translation

PHASE II:

Begins at 1 month post-op, and extends to the 12th post-op week

Goals:

- Increase range of motion
- Progress in weight bearing
- Continue lower extremity muscle toning (except active hamstring work)
- Continue to protect graft(s)

Brace and Weight bearing Status:

- 4-6 weeks: Patient continues to be TTWB in brace. Brace is removed during PT for strengthening and stretching. Avoid varus stress during this phase if concomitant posterolateral corner reconstruction.

- At 6 weeks for PCL, or PCL/ACL brace is removed, for any lateral or posterolateral surgery this is extended to 8 weeks

Therapeutic Exercises:

- 4-6 weeks: When patient exhibits independent quad control, may begin open chain extension
 - Begin isometric quads and co-contraction of quads/hams in extension only, progress to active knee extension as tolerated from point of maximal flexion (passively) to full extension.
 - Progress to mini-squats when able to be full weight bearing
 - May begin or continue hip flexion/extension/Abduction/Adduction with knee fully extended.
 - While pool therapy is not routinely prescribed, if facility has a pool then this is allowed in the first month. Ambulation in pool (work on restoration of normal heel-toe gait pattern in chest deep water
- 6-12 weeks: Once patient is full weight bearing and does not require the brace, therapy can be liberalized and proceed on a more "as tolerated" basis.
 - Stationary Bike: Foot is placed forward on the pedal without use of toe clips to minimize hamstring activity. Seat slightly higher than normal
 - Closed kinetic chain terminal knee extension utilizing resisted band while standing or weight machine. For leg press, knee flexion should be limited to 90° during exercises.
 - Stairmaster and/or elliptical machines can be used for cardio and leg conditioning
 - Balance and Proprioception activities (e.g. single leg stance or mini-trampoline)

***It is important to avoid open-chain hamstring activity during this period as this may cause posterior tibial translation and may stretch the graft**

PHASE III:

Begins approximately three months post-op, and extends to nine months post-op. Expectations for advancement to Phase III:

Goals:

- Restore any residual loss of motion that may prevent functional progression
- Improve functional strength and proprioception utilizing closed and/or open kinetic chain exercises

- Continue to work on restoration of functional progression of the extremity and the patient as a whole in preparation for return to activity or sports

Therapeutic Exercises:

- Continue lower extremity exercise progression
- Treadmill walking progress to running as tolerated
- Stairmaster/elliptical trainer, swimming is OK (no breast stroke)
- May progress to out door biking, walking and ultimately running
- May play golf or bowling if able
- No twisting turning or jumping activities yet

PHASE IV:

Return to sport at approximately 6 months to 9 months

Goals:

- Safe and gradual return to work or athletic participation
- This may involve sports specific training, work hardening or job restrictions as needed
- Maintenance of strength, endurance and function
- Running progression
- Figure 8, Carioca, Backward running, cutting
- Jumping (plyometrics) if needed for sport (i.e., volleyball or basketball)

*****These instructions are to be used as general guidelines. Before 3 months it is important not to go any faster even if the patient seems able, since the most important consideration is graft protection. Please have physician contacted if there are questions or concerns.**

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