KNEEbraska Matthew R. Byington, DO

Orthopaedic Surgeon—Board Certified

Sports Medicine & Arthroscopic Surgery // Knee & Shoulder Reconstruction
Prairie Orthopaedic & Plastic Surgery 4130 Pioneer Woods Dr, Suite 1, Lincoln, NE 68506

Phone: (402) 489-4700 Fax: (402) 489-5220

www.KNEEbraska.com // www.drmattbyington.com // www.prairie-ortho.com

PCL RECONSTRUCTION RI

REHABILITATION PROTOCOL

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-4 weeks	FWB in brace*	0-2 weeks: locked in full extension for ambulation and sleeping 2-4 weeks: unlocked for ambulation, remove for sleeping**	As tolerated	Quad sets, patellar mobilizations, calf stretching SLR w/ brace in full extension until no extension lag Sidelying hip and core No hamstring work until 6 weeks post-op
PHASE II 4-12 weeks	FWB	D/C at day 28 if pt has no extension lag	Full	Calf raises, closed chain quadriceps, balance, hamstring curls, stationary bike, step ups, front and side planks, advance hip/core work
PHASE III 12-16 weeks	FWB	none	Full	Advanced CKC work Progress proprioception work Begin stairmaster, elliptical, running (straight ahead) at 12 weeks
PHASE IV 16-24 weeks	FWB	none	Full	16 weeks: begin jumping 20 weeks: advance to sprinting, backward running, cutting/pivoting/direction changes, initiate plyometrics, sport-specific tasks
PHASE V >6 months	FWB	none	Full	Gradual return to sports after completion of Functional Assessment

^{*}Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

Note: Completion of Functional Sports Assessment not mandatory, but recommended at 22-24 weeks post-op for competitive athletes returning to play

^{**}Brace may be removed for sleeping after first post-operative visit (day 7-10)