

## Physical Therapy – PCL and Posterolateral Corner Reconstruction

Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Procedure: R / L PCLR and PLC Reconstruction

Frequency: 2-3 times per week for 6 weeks

### PHASE 0: Pre- operative goals (i.e. Pre-hab)

- **AROM** 0-120 degrees
- **Strength:** 20 SLR with no lag.
- **Minimal Effusion**
- **Patient Education on Post op exercises with a stress on compliance and importance**
- **Education on ambulation with crutches and safe stair use**
- **Wound care instructions**
  - Keep tegederm clean and dry, no showering until 48hrs post-op then remove ACE, No submerging (bath, hot-tub, lake, river, ocean) for 6 weeks post op. Formal instructions will be listed in operative note and packet.
- **Educated in follow-up (also provided in packet) :** 10-14 days post op, 6 weeks, 3 months, 6 months, 9 months, 1 year, 2 years, 5 years.

### PHASE I (Weeks 0 – 6): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Toe touch/Heel touch weight bearing
  - **Hinged Knee Brace:**
    - Locked in full extension for ambulation and sleeping (weeks 0-2)
    - Unlocked to 90 degrees for ambulation and removed while sleeping (weeks 2-6)
  - **Range of Motion:**
    - Light range of motion 0-45 degrees(weeks 0-2)
    - Progress range of motion 0-90 degrees(weeks 0-6)
- **Therapeutic Exercises:** Quad sets, patellar mobilization, Gastroc/Soleus stretching, Straight-leg raises in brace, Side-lying hip/core \*\*Avoidance of hamstring activation for 6 weeks post op\*\*
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase II (Weeks 6-12)

- **Weightbearing:** May advance 25% weight bearing every 3-4 days until full weight bearing at 8 weeks
  - Full weight bearing at 8 weeks plus.
- **Hinged Knee Brace:** Discontinue once full extension achieved with no evidence of extension lag
- **Range of Motion:** Maintain full knee extension, work on progressive knee flexion to full.
- **Therapeutic Exercises:** Continue Phase I exercises.
  - Begin calf raises, closed chain quad/hamstring, balance exercises, hamstring isometrics and progress to hamstring curls, stationary bike, step-ups, front and side planks, advance hip/core.
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase III (Weeks 12 – 16)

- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance closed chain strengthening exercises and proprioception activities
  - Begin use of the Stairmaster/Elliptical at **12 weeks**

**Dr. Adam Lindsay MD, MS**

Desert Orthopedics - Bend, Redmond

Orthopaedic Surgery, Sports Medicine

P) (541) 388-2333 F)(541) 388-3090

www.lindsayssportsmed.com

- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

**Phase IV (Weeks 16 – 24):** Gradual return to athletic activity

- **16 weeks:** begin jumping
- **20 weeks:** advance to sprinting, backward running, cutting/pivoting/changing direction
- **24 weeks:** consider **functional sports assessment**

**Phase V (>6 months):** Gradual return to athletic activity

- Gradual return to sports participation after completion of functional sports assessment
- Encourage maintenance program based off functional sports assessment

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_