

Physical Therapy Prescription – Posterior Cruciate Ligament Reconstruction

Name: _____

Date: _____

Procedure: R / L _____

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

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

- **Normal Gait**
- **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:** WBAT in brace locked in extension with crutches, okay to unlock brace at week 4 if good quad control (may be modified if posterolateral corner reconstruction, meniscus repair/transplant or articular cartilage surgery performed at time of PCLR)
 - **Hinged Knee Brace:**
 - **Weeks 0-2:** Locked in full extension for ambulation and sleeping (remove for PT)
 - **Weeks 2-4:** Locked in full extension for ambulation, remove for sleeping
 - **Weeks 4-6:** Unlock at 0-90° for gait training/exercises
- **Range of Motion:** None week 0-1; then initiate PROM only with goal of 90° of passive flexion by week 6 – take care to prevent posterior sagging during ROM exercises
- **Therapeutic Exercises:** calf pumps, gentle patellar mobs, quad sets, SLR in brace locked in extension, standing hip extension, hamstring/calf stretching
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 12)

- **Weightbearing:** Full, wean crutches as able
- **Hinged Knee Brace:** Unlock for all activities; discontinue completely at week 8 if good quad control
- **Range of Motion:** Progress to AROM, progress to full ROM by week 12
- **Therapeutic Exercises:** Advance Phase I exercises, advance floor-based core/glute exercises; SLR without brace if good quad control, increase closed chain activities 0-60° by week 8 and 0-90° by week 12 (wall-slides, mini-squats, leg press), initiate balance and proprioception exercises
 - Begin gentle stationary bicycle at 8 weeks
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 – 16)

- Advance Phase II exercises, advance closed chain quad exercises, work on functional balance and core strengthening; progress balance/proprioception exercises, start slow treadmill walking and progress to jogging

Phase IV (Weeks 16 – 24)

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- Advance Phase III exercises; maximize single leg dynamic and static balance and strength; initiate light plyometrics; begin jumping at 16 weeks; advance to sprinting, cutting, and pivoting at 20 weeks

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
- Return to sport-specific activity and impact when cleared by MD at 6+ months postop

Signature: _____

Date: _____