

R. JOHN ELLIS, JR., M.D.
LAWRENCE A. SCHAPER, M.D.
MARK G. SMITH, M.D.
G. JEFFREY POPHAM, M.D.
AKBAR NAWAB, M.D.
MICHAEL L. SALAMON, M.D.
MATTHEW R. PRICE, M.D.



DANIEL E. RUEFF, M.D.
SEAN M. GRIFFIN, M.D.
BRENT J. SINICROPE, M.D.
EVAN RHEA, M.D.
KELSI J. BARNES, PA-C
JENNIFER R. STREET, PA-C

PCL RECONSTRUCTION PROTOCOL (Dr. Nawab)

PRE-OP

- Perform pre-operative evaluation
- Begin pre-operative rehabilitation program to regain ROM, strength, and normal gait pattern.
- Explain pre- and post-surgery goals
- Patient and family education regarding surgical procedures and current pathology
- Demonstrate post-op rehabilitation program which patient will initiate day 1-3

GENERAL PROTOCOL GUIDELINES:

- Caution against posterior tibial translation.
- No open chain hamstring isolation exercises for 6 weeks.
- TTWB with crutches in the brace for 6 weeks.
- Limited ROM brace should be locked at 0° for first 4 weeks with a posterior tibial pad or towel, then ROM 0-30° from weeks 4-6. Flexion ROM should be done mainly in prone position starting at week 6.
- Elevate lower extremity with knee straight (no pillows directly underneath the knee, but try to prevent posterior sag of tibia at rest)
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0-6 WEEKS POST-OP

Guidelines

- May shower after all the postoperative dressing is removed (usually day 2) but keep incisions dry for at least 5 days.
- Wear LROM brace locked at 0°. Brace may be removed for showering, exercises, and PT as needed.
- Cryotherapy as often as tolerated without direct contact to the skin.
- Notify physician if fever of 100° or more.

Rehabilitation

- AROM of the ankle/ankle pumps >>> calf press with bands

EASTPOINT OFFICE
13151 MAGISTERIAL DRIVE, SUITE 200
LOUISVILLE, KENTUCKY 40223
Telephone 502-587-1236
Fax 502-587-0126

BOOKKEEPING DEPARTMENT
5120 DIXIE HIGHWAY, SUITE 103
LOUISVILLE, KENTUCKY 40216
Telephone 502-587-7269
Fax 502-587-0318

SOUTHEND OFFICE
5120 DIXIE HIGHWAY, SUITE 103
LOUISVILLE, KENTUCKY 40216
Telephone 502-449-0449
Fax 502-449-3277

- Emphasize functional knee extension, unless posterior-lateral complex injury. Passive knee extension with a towel roll under heel or prone leg hangs for 10-15 minutes, 3 times a day (do not force hyperextension past 5-6°)
- Hamstring, ITB and calf stretching.
- Quad strengthening/isometrics as tolerated.
- 3-way open chain leg lifts >>> independently if less than 15-20° of knee extension lag (otherwise needs assistance). Resistance should be placed above the knee for hip ABD/ADD once tolerated.
- Standing hip EXT from neutral.
- Patella mobilization as tolerated.

6-12 WEEKS POST-OP

Guidelines

- Continue elevation and cryotherapy as needed
- Maintain functional extension.
- Transition to full weight-bearing in brace weaning from assistive devices as tolerated.
- Allow brace to be unlocked

Rehabilitation

- Goal: > 90° of flexion with at least 0° extension
- Continue all exercises from phase I, progress to 4-way hip machine, resistance above knee.
- Side-lying hip ER strengthening
- Begin closed chain exercises as weight-bearing is tolerated.
- Initiate bilateral calf raises, mini-squats (0-45°)
- Gait training, in-line walking, cones >> forward and lateral
- Stationary bike at 8 weeks, as ROM allows (foot forward on the pedals to minimize hamstring activation)
- Begin forward step ups: Start at 4 inches >> 6 inches >> 8 inches
- Begin single leg stance exercises for proprioception/balance, static >> dynamic
- Modalities as needed for pain/effusion

12-24 WEEKS POST-OP

Rehabilitation

- Advance previous exercises as tolerated
- Increase range of motion to within normal limits
- Normalize gait

- No running, jumping, sport or plyometric activities until cleared by MD
- Initiate aquatic therapy for water walking, jogging in deep end of pool, swimming (no breast stroke kick or frog kicks)
- Advanced stationary cycling to endurance training >> interval training
- Advanced balance and proprioceptive retraining
- Elliptical machine, stairmaster, treadmill as tolerated without PF pain.

6-12 MONTHS POST-OP

- Continue strengthening, add plyometrics, advance proprioception and agility training; sports running program
- Advance sport specific drills
- Return to normal activity would release by physician.