

## PCL Reconstruction with Allograft Rehabilitation Protocol

	Weight-bearing	Brace	Range of Motion	Exercises
<b>Phase 1</b> 0-6 weeks	Full in brace <sup>a</sup>	<b>0-4 weeks:</b> Locked in full extension for ambulation and sleeping  <b>4-6 weeks:</b> Unlocked for ambulation, remove for sleeping <sup>b</sup>	ROM – passive flexion only, advance to 90 degrees by 6 weeks	Heel slides, quadriceps/hamstring sets, patellar mobilization, calf (gastrocnemius/soleus) stretch  SLR w/ brace in full extension until quadriceps strength prevents extension lag  Side-lying hip/core
<b>Phase 2</b> 6-12 weeks	Full, progressing to normal gait pattern	Wean from bracing starting at 6 weeks once normal, painless gait obtained	Gain full and pain-free	ROM – Continue with daily ROM exercises, initiate AROM progressing to Full by 12 weeks Gait training with/without brace as tolerated Strengthening – Increase closed chain activities to 0-90 degrees. theraband, wall squats/slides. Stationary bike for ROM, initiate light resistance, and cardio. Closed chain knee extension, balance and proprioception activities
<b>Phase 3</b> 12-16 weeks	Full with a normalized gait pattern	None	Full	Advance closed chain strengthening Progress proprioception activities  Begin stair climber, elliptical at 12 weeks and running straight at 14 weeks when 8” step down is satisfactory
<b>Phase 4</b> 16 weeks – 6 months	Full	None	Full	<b>16 weeks:</b> Begin jumping  <b>20 weeks:</b> Advance running to sprinting, backward running, cutting, pivoting, changing direction, initiate plyometric program and sport-specific drills  <b>22 weeks:</b> Advance as tolerated  FSA completed at 24 weeks <sup>b</sup>
<b>Phase 5</b> 6-12 months	Full	None	Full	Gradual return to sports participation after completion of functional sports assessment (FSA)  Maintenance program based on FSA

SLR – Straight-leg raise

<sup>a</sup>Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

<sup>b</sup>Completion of FSA (Functional Sports Assessment) is not mandatory, but is recommended at approximately 22 wks post-op for competitive athletes returning to play after rehabilitation

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