



PHYSICAL THERAPY CLINIC
McDONALD ARMY COMMUNITY HOSPITAL
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Posterior Cruciate Ligament (PCL)
and/or
Posterolateral Corner (PLC) Reconstruction
Autograft or Allograft Graft Reconstructions

PHASE Ia: Hospital d/c through Week 3 – PROTECTION PHASE

PT Sessions: 3-5 supervised sessions per week with outpatient physical therapist

Ambulation: Crutches – NWB/FFWB

Brace: Knee immobilizer or hinged range-of-motion (ROM) brace

1. Wear at all times while in bed (maintain full extension)
2. Ambulate in immobilizer or locked ROM brace (0°) until quads strong
3. Remove knee immobilizer or ROM brace for rehabilitation

Exercise:

1. Calf / ankle pumps
2. Static quad sets or straight leg raises (SLR) in full extension
3. Passive heel slides (prone w/ therapist assist or with passive assist by patient's opposite leg)
4. Patellar mobilization

PHASE Ib: Week 3 through Week 6 – PROTECTION PHASE

Brace: Ambulate NWB/FFWB in brace locked in extension

Exercise: *(followed by 20 min ice – avoid hyperextension)*

1. Continue previous exercises
2. Passive heel slides using towel, therapist applies anterior drawer to minimize posterior stress

PHASE II: Week 6 through Week 12 – STRENGTHENING PHASE

PT Sessions: 3 supervised sessions per week with outpatient physical therapist

Ambulation: Crutches should be discontinued

Brace: Discontinued after 6-8 weeks or when:

1. Pt has at least 0-120° AROM
2. Performs single leg balancing for 30 seconds
3. Demonstrates normal gait without extensor thrust

Exercise:

1. Continue with PHASE I exercises as needed
2. Start weight bearing progression using foot flat/co-contraction pattern
3. Start CKC exercises once patient demonstrates good quad control (avoid varus-valgus with any closed chain exercises)
 - a. wall squats 0-45 degrees
 - b. heel raises with locked knee
 - c. Step offs
 - d. Bike, if ROM allows
4. Light isometric hamstrings, progress to isotonics
5. Start proprioceptive exercises
6. Initiate cardiovascular exercise
 - a. treadmill walking – forward
 - b. elliptical trainer
 - c. swimming with knee locked in extension

Goals and Criteria for Progression to PHASE III:

1. Full AROM
2. Normal quad and HS control; no quadriceps extension lag
3. Minimal pain; no effusion
4. Normal patellar mobility

PHASE III: 3 – 6 months – ADVANCED STRENGTHENING PHASE:

PT sessions: 2-3 supervised sessions per week with outpatient physical therapist

Brace: Wean from brace if patient is able to ambulate without extensor thrust

Exercise:

1. Continue with PHASE II exercises

PHASE IV: Week 18 through Week 24 –BASIC FUNCTIONAL TRAINING:

PT sessions: 1-2 supervised sessions per week with outpatient physical therapist

Exercises:

1. Begin high-level drills, agility, plyometrics
2. Return to duty/sports/cutting activities once isokinetic, plyometric, and functional hop tests are satisfactory

Goals and Criteria for Progression to PHASE V:

1. Jogging for 20 min at normal pace w/o pain, swelling, giving-way
2. No effusion

PHASE V: 6 Months + -- ADVANCED FUNCTIONAL TRAINING

When rehabilitation goals are met

1. Initiate straight line running when walk & slow jog is normal
2. Functional hop test as appropriate when running is normal
3. Functional progression to cutting and jumping
4. Begin full body weight. plyometrics pm
5. Return to sports prn when full strength and agility achieved
(*Low-profile ACL sports brace when required by surgeon*)

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