

PCL and Posterior Lateral Corner Repair
Outpatient Protocol/Guidelines

The surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol, including if *deceleration* of these time frames is desired.

Phase I	Phase II	Phase III	Phase IV
(0-6 weeks)	(6-12 weeks)	(Weeks 12 - 16)	(Weeks 16+)

PCL and Posterior Lateral Corner Repair

Outpatient Protocol/Guidelines

<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Avoid OKC hamstring strengthening x 6 weeks including heel slides • Pillow under tibia to avoid posterior translation x 6 weeks <p>GAIT TRAINING</p> <ul style="list-style-type: none"> • Weight bearing to be verified with surgeon • Immobilizer or hinged brace depending on surgeon • Verify knee flexion ROM restrictions with surgeon. <p>EXERCISES <u>Week 0-4</u></p> <ul style="list-style-type: none"> • AAROM knee flexion within restrictions • Quad sets • Ankle pumps • Supine SLR (no prone SLR) • Standing hip abduction and extension • Prone PROM knee flexion • NMES as needed <p><u>Week 4-6</u></p> <ul style="list-style-type: none"> • Continue 0-4 exercises • Multiple angle quad isometrics • Sidelying SLR abduction • SAQ 30-0 degrees • LAQ 60-0 degrees <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> <input type="checkbox"/> SLR without lag <input type="checkbox"/> AAROM (depends on MD) Extension: 0° Flexion: 90° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Avoid aggressive hamstring strengthening • Avoid hyperextension <p>GAIT TRAINING</p> <ul style="list-style-type: none"> • Progress to WBAT with one crutch and then off crutches as gait normalizes • Discontinue immobilizer or brace per surgeon • P/AA/AROM 0->120 degrees <p>EXERCISES</p> <ul style="list-style-type: none"> • Continue phase I exercise as needed • Stationary bike • Initiate hamstring strength in standing (5# maximum until 8 weeks) • Calf raises • Bodyweight squat (0-45 degrees) • Leg Press (0-70 degrees) • Initiate proprioception <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> <input type="checkbox"/> Normal gait mechanics <input type="checkbox"/> Effusion managed <input type="checkbox"/> ROM Flexion: >120° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Caution with aggressive hamstring strengthening <p>GAIT TRAINING</p> <ul style="list-style-type: none"> • FWB • No immobilizer or hinged brace • Achieve WNL ROM <p>EXERCISES</p> <ul style="list-style-type: none"> • Continue phase II exercise as needed • Stationary bike with progressive resistance • Progress hamstring strengthening with knee extended to knee flexed • Advance CKC strengthening single leg without dynamic valgus • Advanced proprioceptive activities <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> <input type="checkbox"/> Negotiate stairs normally <input type="checkbox"/> Restore limb confidence <input type="checkbox"/> ROM Full extension Flexion within 10° of uninvolved side 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • No jumping, cutting, or sprinting until cleared • No pivot sports for 6 months, no contact sports until 9 months unless surgeon cleared <p>GAIT TRAINING</p> <ul style="list-style-type: none"> • FWB • Brace with activities per surgeon • ROM WNL <p>EXERCISES <u>Week 16-20</u></p> <ul style="list-style-type: none"> • Continue phase III exercise as needed • Initiate walk/jog program unless otherwise instructed • Jumping: double progress to single leg • Agility drills/plyometrics without dynamic valgus <p><u>Week 20+</u></p> <ul style="list-style-type: none"> • Agility drills/plyometrics without dynamic valgus • Sports specific activities • Hamstring exercise unrestricted <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> <input type="checkbox"/> >90% of limb symmetry on Functional Testing <input type="checkbox"/> Return to sport or heavy work cleared by MD
---	---	---	--

PCL and Posterior Lateral Corner Repair

Outpatient Protocol/Guidelines

REFERENCES

Chahla J, Moatshe G, Dean CS, LaPrade RF. Posterolateral Corner of the Knee: Current Concepts. *Arch Bone Jt Surg*. 2016 Apr;4(2):97-103.

de Paula Leite Cury R, Kiyomoto HD, Rosal GF, Bryk FF, de Oliveira VM, de Camargo OP. Rehabilitation Protocol after isolated posterior cruciate ligament reconstruction. *Rev Bras Ortop*. 2015 Dec 8;47(4):421-7. doi: 10.1016/S2255-4971(15)30122-1.

Edson CJ¹, Fanelli GC, Beck JD. Postoperative rehabilitation of the posterior cruciate ligament. *Sports Med Arthrosc*. 2010 Dec;18(4):275-9.

Fanelli GC, Beck JD, Edson CJ. Current concepts review: the posterior cruciate ligament. *J Knee Surg*. 2010 Jun;23(2):61-72.

Kim JG, Lee YS, Yang BS, Oh SJ, Yang SJ. Rehabilitation after posterior cruciate ligament reconstruction: a review of the literature and theoretical support. *Arch Orthop Trauma Surg*. 2013 Dec;133(12):1687-95.

Pierce CM, O'Brien L, Griffin LW, LaPrade RF. Posterior cruciate ligament tears: functional and postoperative rehabilitation. *Knee Surg Sports Traumatol Arthrosc*. 2013 May;21(5):1071-84. doi: 10.1007/s00167-012-1970-1.

Quelard B, Sonnery-Cottet B, Zayni R, Badet R, Fournier Y, Hager JP, Chambat P. Isolated posterior cruciate ligament reconstruction: is non-aggressive rehabilitation the right protocol? *Orthop Traumatol Surg Res*. 2010 May;96(3):256-62.

Wilk KE et al. Rehabilitation of isolated and combined posterior cruciate ligament injuries. *Clin Sports Med*. 1994 Jul;13(3):649-77.

Wilk KE, Andres JR, Clancy WG Jr, Crockett HC, O'Mara JW Jr. Rehabilitation programs for the PCL-injured and reconstructed knee. *J Sport Rehabil*. 1999;8(4):333-361.