Rehab Practice Guidelines for: PCL Reconstruction

Assumptions: Isolated PCL Injury or PCL/ PL

Primary surgery: PCL Reconstruction with or without PL repair/reconstruction
Secondary surgery (possible): Meniscal injury, Chondroplasty

Precautions: see end of note

Expected # of visits: 30-40

1. Electrodes placed over proximal lateral quadriceps and distal medial quadriceps. (Modify distal electrode placement by not covering superior medial (VMO) arthroscopy portal or incision until stitches removed)

2. Stimulation parameters: 2500Hz, 75 bursts, 2 sec. ramp, 12 sec. on, 50 sec. rest, intensity to max tolerable [at least 50% MVIC(see note at end)], 10 contractions per session. 3 sessions per week until quadriceps strength MVIC is 80% of uninvolved.

3. Stimulation performed isometrically at 30°

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<thead>
<tr>
<th>Week 1</th>
<th>Treatment</th>
<th>Milestones</th>
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<tbody>
<tr>
<td>1 visit</td>
<td>NMES (see guidelines) Quad sets SLR Patellar mobilization HEP: patellar mobilization 30-50X, QS and SLR 3x10 (3x per day)</td>
<td>Good quadriceps contraction Superior patellar glide Ambulating PWB with crutches with post-op orthosis locked</td>
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| Week 2 | | |
|--------| | |
| 2- 3 visits TOTAL VISITS 3-4 | Portal/incision mobilization as needed SAQ 30°-0° | Full extension Flexion to 60 SLR without lag (full quadriceps contraction) |

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| Weeks 3-5 | Prone knee flexion therapist assisted 0-60 | Flexion to 110°  
Quad strength >60% of uninvolved  
Wean from orthosis, normalize gait  
crutches |
|-----------|------------------------------------------|--------------------------------------------------|
| 2-3 visits/week | Supine knee flexion holding tibia forward  
OKC 60-0°  
Stationary bike for ROM-easy  
gait training PWB with crutches no orthosis | |
| TOTAL VISITS 9-13 | | |

| Weeks 6-10 | Stationary bike-easy | Normal gait without crutches  
Quad strength >80% of uninvolved |
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<tr>
<td>2-3 visits/week</td>
<td>Begin closed chain if good quad control: wall sits, wall squats 0°-45°</td>
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<td>TOTAL VISITS 19-28</td>
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| Week 12 | Progress exercise intensity and duration  
0°-90° hamstring exercises against gravity | Painfree AROM to within 10 of  
uninvolved  
Maintaining or increasing quadriceps strength (>= 90%) |
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<tr>
<td>Twice per week to rechecks</td>
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| Week 16 | Begin running progression with functional brace (see note)  
PRE Hamstring curls 0°-90°  
Transfer to fitness facility (if all milestones are met) | Full ROM (compared to uninvolved)  
Maintaining quadriceps strength >= 95% |
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| Week 20 | Return to sport transition  
Proprrioceptive, static balance, dynamic balance,  
functional activities:  
slow to fast speed  
low to high force  
controlled to uncontrolled | Global report >70%  
KOS ADLS > 90% |
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<tr>
<td>Rechecks</td>
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<td>TOTAL VISITS 25-44</td>
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**Precautions:**

1. Partial meniscectomy  
   No modifications required, progress per patient tolerance and protocol.

2. Meniscal repair  
   No modifications required, progress per patient tolerance and protocol.  
   Weight bearing in full extension OK.

3. Chondroplasty  
   Restricted weight-bearing for 4 weeks.  
   No weight-bearing exercise for 4 weeks.  
   Consider Tibiofemoral unloading brace to help facilitate earlier participation in functional rehabilitation activities if limited by pain.
4. MCL injury
   - Restrict motion to sagittal plane until week 4-6 to allow healing of MCL.
   - Perform PRE’s with tibia in internal rotation during early post-op period to decrease MCL stress.
   - Consider brace for exercise and periods of activity if severe sprain and/or patient has pain.

5. ACL injury
   - Follow PCL guidelines.

**MVIC: Maximum Volitional Isometric Contraction**

   Patient is asked to volitionally extend the involved leg as hard as possible while knee is maintained isometrically at 30° knee flexion. Side to side comparison: (involved/uninvolved X 100 = % MVC)

**Running Progression:**
1. Treadmill walking.
2. Treadmill walk/run intervals.
3. Treadmill running.
4. Track: run straights, walk turns
5. Track: run straights and turns
6. Run on road

Progress to next level when patient is able to perform activity for 2 miles without increased effusion or pain. Perform no more than 4 times in one week and no more frequently than every other day. Do not progress more than 2 levels in a 7 day period.

*This Clinical Guideline may need to be modified to meet the needs of a specific patient.*

*The model should not replace clinical judgment.*