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 Physical Therapy Clinic
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Rehab Practice Guidelines for: *PCL Reconstruction*

Assumptions: Isolated PCL Injury or PCL/ PL

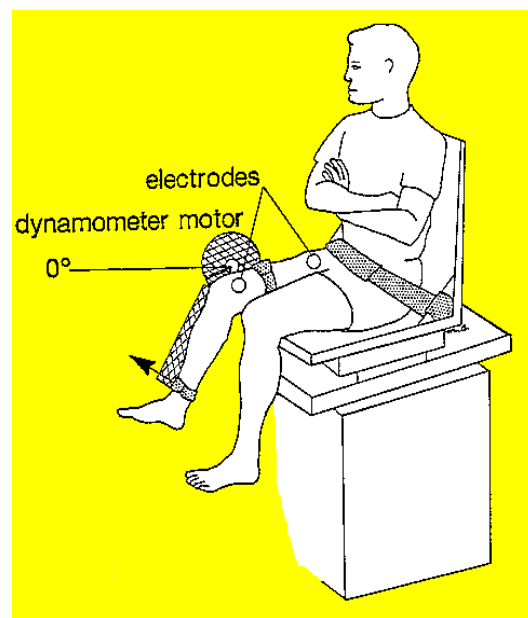
Primary surgery: PCL Reconstruction with or without PL repair/reconstruction

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 uninjured.
3. Stimulation performed **isometrically** at **30°**



Week 1	Treatment	Milestones
1 visit	NMES (see guidelines) Quad sets SLR Patellar mobilization HEP: patellar mobilization 30-50X, QS and SLR 3x10 (3x per day)	Good quadriceps contraction Superior patellar glide Ambulating PWB with crutches with post-op orthosis locked
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)

<p><u>Weeks 3-5</u></p> <p>2-3 visits/week</p> <p>TOTAL VISITS 9-13</p>	<p>Prone knee flexion therapist assisted 0-60 Supine knee flexion holding tibia forward OKC 60-0° Stationary bike for ROM-easy gait training PWB with crutches no orthosis</p>	<p>Flexion to 110° Quad strength >60% of unininvolved wean from orthosis, normalize gait crutches</p>
<p><u>Weeks 6-10</u></p> <p>2-3 visits/week</p> <p>TOTAL VISITS 19-28</p>	<p>Stationary bike-easy Begin closed chain if good quad control: wall sits, wall squats 0°-45°</p>	<p>Normal gait without crutches Quad strength >80% of unininvolved</p>
<p><u>Week 12</u></p> <p>Twice per week to rechecks</p>	<p>Progress exercise intensity and duration 0°-90° hamstring exercises against gravity</p>	<p>Painfree AROM to within 10 of uninvolved Maintaining or increasing quadriceps strength (>= 90%)</p>
<p><u>Week 16</u></p> <p>Twice per week to rechecks</p>	<p>Begin running progression with functional brace (see note) PRE Hamstring curls 0°-90° Transfer to fitness facility (if all milestones are met)</p>	<p>Full ROM (compared to unininvolved) Maintaining quadriceps strength >= 95%</p>
<p><u>Week 20</u></p> <p>Rechecks</p> <p>TOTAL VISITS 25-44</p>	<p>Return to sport transition Proprioceptive, static balance, dynamic balance, functional activities: slow to fast speed low to high force controlled to uncontrolled</p>	<p>Global report >70% KOS ADLS > 90%</p>

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: $(\text{involved/uninvolved} \times 100 = \% \text{ MVC})$

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.