PCL Reconstruction Protocol + Meniscus Repair

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Diagnosis: PCL Reconstruction with Meniscus Repair
PT Frequency: 2-4 times per week
ROM Restrictions: 0-90° weeks 0-4, full afterwards
Brace: Locked in extension x 2 weeks, then progress per below
Weightbearing: Toe touch WB x 4 weeks, then progress to WBAT

Weeks 0-4 (Phase I)

- Weight Bearing: TTWB with crutches with brace locked in extension
- Brace: PCL "Jack" Brace preferred. If unable to acquire, use regular hinged knee brace with a stack of towels behind tibia to provide anterior force to prevent posterior sag. Locked in full extension for sleeping and all WB. Unlock to 0-90° for NWB exercises. Off **only** for hygiene
- ROM: 0-90° passive when NWB and in prone position. Emphasize extension. Goal of full extension and 60° flexion by 2 weeks
- Exercises: Quad sets, patellar mobilization, SLR with brace locked in extension, seated SAQ sets. **Avoid isolated hamstring exercises.** If concurrent MCL or PLC procedures, avoid varus/ valgus stresses.

Weeks 4-6 (Phase II):

- Weight Bearing: Slowly progress to WBAT (dual crutch use→single crutch use in opposite arm→no crutch use). No weight bearing with flexion >90°
- Brace: Unlocked
- ROM: Progress to full. Goal of 120° flexion by 6 weeks.
- Exercises
    - Motion
        - Progress through passive, active, and resisted ROM
        - Extension board and prone hang with ankle weights (up to 10 lbs), posterior leg stretch (legs up against a wall), seated wall sits (back against wall, legs flat on ground)
        - Stationary bike with no resistance for knee flexion (alter seat height as ROM increases)
        - Encourage frequent ankle ROM
    - Strengthening
        - **Initiate BFR** when quadriceps activity returns
        - SAQ sets (seated first, progress to standing), SLRs with knee locked in extension. Standing glut sets.
        - **Avoid hamstring resistance exercises.**
        - Closed chain work (mini-squats/weight shifts, gentle leg press 0-90° arc) once full weight bearing. Wall sits. Progress proprioception training
        - Initiate Step-Up program

        - No restrictions to ankle/hip strengthening
    - Modalities
        - PRN (i.e. electrical stimulation, ultrasound, etc) per discretion of therapist.
        - Heat before therapy sessions, Ice after therapy sessions.
        - May participate in aqua therapy when skin is fully healed

Weeks 6-12 (Phase III):

- Weight Bearing: Full
- Brace: Discontinue
- ROM: Full, caution with flexion >90° to protect meniscus
- Exercises
    - Progress Phase II exercises
    - Isotonic Knee extension (90 to 40 degrees, closed chain preferred).
    - Add lunges, side lunges, leg press and/or slideboard.
    - Initiate Step-Down program.
    - Versaclimber/Nordic Track, retrograde treadmill ambulation, Stairmaster.
    - Add core strengthening exercises.
    - Progress balance/proprioception.
    - Continue stationary bike for ROM, strengthening and cardio.
    - Continue modalities PRN as indicated above.

Weeks 12-18 (Phase IV):

- Exercises
    - Progress Phase III exercises and functional activities (single leg balance, core, glutes.
    - Advance strengthening as tolerated, continue closed chain exercises. Increase resistance on equipment.
    - Begin forward treadmill running program when 8” step down is satisfactory (No sooner than 12, preferably 16 weeks).
    - Begin plyometrics and increase as tolerated.

Weeks 18-24 (Phase V):

- Exercises
    - -Progress Phase IV
    - -Initiate sport-specific agility drills and functional testing
    - -Advance plyometric program starting at 22 weeks
    - -Advance agility program at 22 weeks (Z cuts, backward to forward running, footwork drills, double leg power jumps, alternate single leg jump rope)
    - -FSA completed after 22 weeks
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>6 months (Phase V+)

- Gradual return to sports participation after completion of FSA and clearance by MD