



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

PCL TEAR (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name: Da	<u>ate:</u>
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<u>X</u> Evaluate and Treat

X Provide patient with home program

Frequency: <u>2-3</u> x/week x <u>4</u> weeks

- PHASE I: 0-6 WEEKS
 - <u>Precautions</u>
 - PRICE (Protect, Rest, Ice, Comrpess, Elevate) protocol
 - Avoid hyperextension (12 weeks)
 - Prevent posterior tibial translation (12 weeks)
 - Isolated hamstring exercises should be avoided until week 12



- Partial WB with crutches (2 weeks)
- Prone passive ROM from 0-90 deg for the first 2 weeks, and then progress to full ROM
- PCL Jack brace or Rebound brace to be worn at all times, including rehabilitation and sleep (minimum of 12 weeks)
- o <u>Goals</u>
 - PCL Ligament protection
 - Edema reduction to improve passive ROM and quadriceps activation
 - Address gait mechanics
 - Patient education
- <u>Therapeutic exercise</u>
 - Patellar mobilizations
 - Prone passive ROM
 - Quadriceps activation
 - Quadriceps sets
 - Straight leg raises (SLR) once the quadriceps are able to lock joint in terminal extension and no lag is present
 - Gastrocnemius stretching
 - Hip abduction/adduction
 - Stationary bike with zero resistance when ROM < 115 deg
 - Weight shifts to prepare for crutch weaning
 - Pool walking to assist with crutch weaning
 - Calf raises and single leg balance when weaned from crutches
 - Upper body and core strength as appropriate

• PHASE II: 6-12 Weeks

- <u>Precautions</u>
 - Continued avoidance of hyperextension
 - Prevent posterior tibial translation
 - Limit double leg strengthening exercises to no more than 70 deg of knee flexion
 - WBAT
 - Full ROM, supine and prone ROM after 6 weeks
 - PCL Jack brace or Rebound Brace to be worn at all times
- o <u>Goals</u>
 - PCL ligament protection
 - Full ROM
 - Address gait mechanics during crutch weaning
 - Double leg strength through ROM (no greater than 70 deg knee flexion) and single leg static strength exercises
 - Reps and set structure to emphasize muscular endurance development (3 sets of 20 reps)
- <u>Therapeutic exercise</u>
 - Continue PRICE protocol
 - Continue exercises as weeks 1-6
 - Gastrocnemius and light HS stretching
 - Leg press limited to 0-70 deg of knee flexion



- Squat progression
- Static lunge
- HS bridges on ball with knees extended
- Progressive resistance stationary bike
- Light kicking in pool
- Incline treadmill walking (7-12% incline)
- Single leg dead lift with the knee extended
- Proprioceptive and balance exercises

• PHASE III: 12-18 weeks

- <u>Precautions</u>
 - Discontinue PCL Jack brace
- o <u>Goals</u>
 - Reps and set structure to emphasize muscular strength development
 - Progress ROM strength to beyond 70 deg knee flexion
 - Isolated HS exercises may begin after week 12
 - Prepare athlete for sport-specific activity
- <u>Therapeutic exercise</u>
 - Double leg press with progression to single leg
 - Single leg knee bneds
 - Balance squats
 - Single leg dead lift
 - Single leg bridges starting during week 16
 - Continue bike and treadmill walking
 - Running is allowed once the patient has demonstrated sufficient strength and stability with functional exercise and quad girth is >= 90% compared to the contralateral normal side
 - Week $1 = 4 \min \text{ walk}$; 1 min jog for 15-20 min
 - Week 2 = 3 min walk; 2 min jog for 20 min
 - Week 3 = 2 min walk; 3 min job for 20 min
 - Week $4 = 1 \min \text{ walk}$; $4 \min \text{ jog for } 20 \min$
 - Once running progression is completed, continue single plane agility with progression to multi-planar agility
 - Clinical examination and/or PCL stress radiographs to objectively verify healing of PCL after week 15

This protocol is adopted from Pierce CM, O'Brien L, Grifin LW, LaPrade RF. Posterior cruciate ligament tears: Functional and postoperative rehabilitation. Knee Surgery, Sports Traumatology, Arthroscopy. 2013; 21(5): 1071-1084. <u>http://doi.org/10.1007/s00167-012-1970-1</u>

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient <u>would X</u> would not benefit from social services.

Date:_____



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