



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

POSTERIOR CRUCIATE LIGAMENT (PCL) AVULSION REPAIR

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I	Non-weight bearing *	0-2 weeks: Locked in full extension for ambulation and	As tolerated	Quad sets, patellar mobs, gastroc/soleus stretch
0-4				SLR w/ brace in full extension until quad



weeks		sleeping 2-4 weeks: Unlocked for ambulation, remove for sleeping**		strength prevents extension lag Side-lying hip/core Hamstrings avoidance until 6 wks post-op
PHASE II 4-12 weeks	2-6 weeks: Non-WB 6-8 weeks: Advance 25% weekly until full	2-6 weeks: Locked 0-90° Discontinue brace at 6 weeks	Full	Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core
PHASE III 12-16 weeks	Full	None	Full	Advance closed chain strengthening Progress proprioception activities Begin stairmaster, elliptical and running straight ahead at 12 weeks
PHASE IV 16-24 weeks	Full	None	Full	16 wks: Begin jumping 20 wks: Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills
PHASE V > 6 months	Full	None	Full and pain-free	Gradual return to sports participation after completion of FSA*** Maintenance program based on FSA

*Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure
 **Brace may be removed for sleeping after first post-operative visit (day 7-10)

***Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at 22-24 wks post-op for competitive athletes returning to play after rehab

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

_____ **Date:** _____



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