



POSTERIOR CRUCIATE LIGAMENT (PCL) AVULSION REPAIR

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

OrthoCarolina

Assistant Professor of Orthopaedic Surgery, Atrium Health

Sports Medicine & Shoulder/Elbow

1915 Randolph Rd, Charlotte, NC 28207

704-323-3000

www.BryanSaltzmanMD.com

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 0-4 weeks | Full in Brace * | 0-2 weeks: Locked in full extension for ambulation and sleeping 2-4 weeks: Unlocked for ambulation, remove for sleeping** | As tolerated | Quad sets, patellar mobs, gastroc/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag Side-lying hip/core Hamstrings avoidance until 6 wks post-op |
| PHASE | Full | Discontinue at day 28 if patient has no | Full | Begin toe raises, closed chain quads, balance exercises, hamstring curls, |



| | | | | |
|---------------------------------|------|---------------|--------------------|---|
| II 4-12 weeks | | extension lag | | 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:_____

Bryan M. Saltzman, MD