

COMPREHENSIVE PHYSICAL THERAPY

Melinda Amato OTR/L CHT  
Brandon Heyda OTR/CHT

Raymond Ryan PT/Director  
Valerie Peckingham PT  
Isabella Mesturini PT,DPT

Peter Ives PTA  
Kirsten Perillo PTA

## Megan R. Wolf, MD

### Sports Medicine/Foot & Ankle

## Posterior Cruciate Ligament (PCL) Reconstruction And Posterolateral Corner (PLC) Reconstruction

### Post-Operative Protocol

#### Phase I – Maximum Protection

##### **Weeks 0 to 4:**

- Non-weight bearing with crutches
- Brace locked in extension for all mobility, may unlock when seated (see ROM limits below)
- Avoid posterior and externally rotated tibia glides or maneuvers
- Avoid isolated hamstring exercises x4 months

##### Goals

- PCL protection
- Reduce inflammation
- Normalize patella mobility with manual mobilizations
- Avoid hyperextension

##### Exercise progression

- Quad activation exercises
- Straight leg raises when no quad lag is present
- Prone passive knee flexion, within limits (see below)
- Hip abd/add exercises
- Upper body exercise, core muscle training as indicated

##### ROM limitations

- 0-2 weeks: 0-60 degrees
- 2-6 weeks: 0-90 degrees

##### **Weeks 4 to 6:**

- Begin partial weight-bearing at 4 weeks and progress to WBAT by 6 weeks
- Brace locked in extension for all mobility until 6 weeks post-op

##### Goals

- Progress off crutches
- Knee flexion to 120 degrees, progress as tolerated
- Normalized gait mechanics
- Reduce inflammation
- Full knee extension
- 100° – 120° of knee flexion, progress as tolerated

#### Phase II – Progressive Stretching and Early Strengthening

##### **Weeks 6 to 12:**

- Wean from brace as gait normalizes and quad control is sufficient
- Prevent posterior tibial translation

##### Goals

- PCL protection
- Restore full ROM (see below), avoid hyperextension
- Normalize gait mechanics
- Normalize patella mobility with manual mobilizations

COMPREHENSIVE PHYSICAL THERAPY

Melinda Amato OTR/L, CHT  
Brandon Heyda OTR/CHT

Raymond Ryan PT/Director  
Valerie Peckingham PT  
Isabella Mesturini PT, DPT

Peter Ives PTA  
Kirsten Perillo PTA

## Megan R. Wolf, MD

### Sports Medicine/Foot & Ankle

## Posterior Cruciate Ligament (PCL) Reconstruction And Posterolateral Corner (PLC) Reconstruction

### Post-Operative Protocol

#### Exercise progression

- Bilateral squat progression, limited to 70 degrees
- Single leg exercises in static positions (no single leg knee flexion beyond 30 degrees)
- Leg press bilateral, limited to 70 degrees
- Closed kinetic chain hip strengthening
- Step-up and step-down progression
- Stationary biking (no resistance) when ROM > 115 deg
- Proprioception drills

#### ROM limitations

- 6-8 weeks: 0-120 degrees
- 8-12 weeks: as tolerated, progress to full

### Phase III – Advanced Strengthening and Proprioception

#### **Weeks 12 to 18:**

##### Goals

- Progressive strengthening and endurance training
- Eliminate movement dysfunction (i.e. no dynamic valgus at the knee)

##### Exercise progression

- Begin isolated hamstring exercise at 16 weeks, progress slowly
- Lunge progression (retro, walk and split) as indicated
- Single limb stability exercises
- Add resistance and duration to stationary biking
- Weighted squat progression, can progress past 70 degrees at 16 weeks
- Single leg bridges, knees bent, starting at 16 weeks

### Phase IV – Advance Strengthening and Running Progression

#### **Weeks 19 to 24:**

##### Exercise progression

- Progress resistance with squat and lunge strengthening program
- Advanced ladder series
- Basic plyometric box progression

##### Criteria to progress to Phase V

- Pass preliminary functional test at >90% (involved vs uninvolved limb)
  - See testing protocol

### Phase V – Return to Sport

#### **Weeks 25 to 36:**

##### Exercise progression

- Linear running progression
- Hurdle and plyo box progressions
- Sport specific field/court drills
- Non-contact drills



Ryan S. Charette MD	Aaron S. Covey MD MBA	Jon C. Driscoll MD
Adam Q. Ferguson DO	Rania R. Rifaey MD	Hudson H. Seidel MD
Jon Dale PA-C	Edward S. Gensicki DPM	Robert C. Stockton DO
Christa Beyer PA-C	Megan R. Wolf MD	



www.comcllc.com  
 PH: 203.265.3280  
 FX: 203.741.6569

COMPREHENSIVE PHYSICAL THERAPY		
Melinda Amato OTR/L CHT	Raymond Ryan PT/Director	Peter Ives PTA
Brandon Heyda OTR/CHT	Valerie Peckingham PT	Kirsten Perillo PTA
	Isabella Mesturini PT,DPT	

**Megan R. Wolf, MD**  
**Sports Medicine/Foot & Ankle**

**Posterior Cruciate Ligament (PCL) Reconstruction**  
**And Posterolateral Corner (PLC) Reconstruction**  
 Post-Operative Protocol

Criteria to be released for return to sport

- Follow-up examination with the physician
- Pass return-to-sport functional test at >90% (involved vs uninvolved limb)
  - See testing protocol
- Display symmetry and confidence in high-speed cutting, multiplane plyometric drills, sprinting and decelerating

Revised 6/2018