

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

PCL RECONSTRUCTION PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: PCL Reconstruction Other: _____

Postop	Goals	Precautions	Exercises
Weeks 0-6 HEP daily	Protect PCL graft Minimum 90° knee flexion Patella mobility Edema and pain control SLR without lag Promote independence	TTWB PCL brace to be worn at all times, including rehab and sleep Avoid knee hyperextension Avoid posterior tibial translation Avoid isolated hamstring exercises for 4 months	Prone passive ROM 0-90° for first 2 weeks, then progress to full ROM Patella mobilization Quad re-education and SLR Gastronemius stretching Hip/Core training
Weeks 6-12 HEP daily	Protect PCL graft Full ROM as tolerated Normalize patella mobility Improve quad control Normalize gait pattern Ascend 8" step with control	Progress to WBAT PCL brace to be worn at all times, including rehab and sleep DC crutches when non-antalgic gait Avoid knee hyperextension Avoid posterior tibial translation Avoid isolated hamstring exercises for 4 months	Continue above exercises Gastrocnemius and light hamstring stretching Weight shifts and pool walking to assist with crutch weaning Standard ergometry (when ROM>115°) Mini-squats Bilateral leg press 0-70° Hamstring bridges on ball with knees extended
Weeks 12-18 HEP daily	Full ROM Descend 8" step with control Improve ADL endurance Address gait mechanics Progressive weightbearing strength	WBAT PCL brace to be worn at all times, including rehab and sleep Avoid isolated hamstring exercise until week 16 No running	Advance above exercises Bilateral leg press 0-70° with progression to single leg Proprioceptive and balance training Progress stationary bike resistance and duration
Weeks 18-24 HEP daily	Maximize strength & flexibility	WBAT PCL brace to be worn at all times, including rehab and sleep No running	Continue OKC and CKC strength and endurance work with progressive weight Retrograde treadmill running
Weeks 24+ HEP daily	No apprehension with sport specific movements Maximize strength & flexibility to meet sporting demands Hop Test >85% limb symmetry	WBAT Wean PCL brace Avoid painful activities No return to sport until MD clearance	Initiate absorption activities Continue strength and endurance exercises and OKC for quads/hamstring Initiate forward running program Sport-specific training

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ **M.D.**