

Physical Therapy Protocol: Nonoperative Treatment of PCL Injury

Phase 1: Weeks 0 through 6 – PCL Protection, Quad Activation, Motion Recovery

Physician Goals: Protect the injured PCL, which has a chance to heal but is at its most vulnerable during this time, decrease pain, prevent significant stiffness, reactivate the quadriceps muscle group

Restrictions: Weight bearing as tolerated, PCL brace on at all times including sleep, avoid knee hyperextension, no resisted knee flexion

Exercises: Patella mobilization, quad sets with brace locked at 0°, straight leg raises with brace locked in full extension until quad control is good, then straight leg raises unlocked, gastroc stretching, hip abduction/adduction strengthening, stationary bike with no resistance, pool walking to help with gait normalization, calf raises and single leg balance, floor-based core exercises

Total Visits: 12 – once to twice per week with daily at home range of motion exercises, quad sets, hip and core strengthening

Phase 2: Weeks 6 through 12 – PCL Protection & Early Strength Recovery

Physician Goals: Begin to build lower extremity strength and endurance while minimizing posterior tibial translation

Restrictions: Continue wearing PCL brace at all times, no running, jumping, cutting or pivoting,

Exercises: Short arc squats/weight shifts to max 70° knee flexion, initiate step-up program and progress to step-down program, leg press with max knee flexion of 70°, lunges, isotonic knee extensions, hamstring bridges on Swiss ball with knees in full extension, stationary bike with low resistance, incline treadmill walking (7-12%), advance hip/core/glute strengthening; light kicking in pool, single leg dead lift with knee extended, proprioceptive and balance exercises

Total Visits: 12 – once to twice per week depending on patient's ability to perform HEP independent of PT sessions

Phase 3: Weeks 12+ – Strength & Endurance Recovery

Physician Goals: Increase strength throughout the entire range of motion without restrictions, begin to regain endurance, wean out of PCL brace

Restrictions: Running, cutting, return to sports per criteria below

Exercises: Progress lower body strengthening with no restrictions, OK for isolated hamstring strengthening exercises, elliptical, continue to emphasize core/hip/glute strengthening

Total Visits: 12 – once to twice per week depending on patient's ability to perform strength training independently – goal is strengthening 3-4x per week

Return to Running Criteria:

- Trace effusion, flexion within 5° of contralateral side
- Limb symmetric index (LSI) on anterior reach Y balance test $\geq 90\%$
- LSI on quadriceps torque output on isometric measurement $\geq 75\%$
- 12" single leg squat tolerance with good hip control
- Able to walk > 1 mile with no limping or pain
- Able to "hop" with upper extremity assistance on operative leg 5 times without pain or compensation
- Single leg balance with eyes closed ≥ 30 seconds

Return to Cutting / Agility Training Criteria:

- Return to running criteria met above
- No effusion
- Full range of motion
- Quad LSI on isokinetic $\geq 85\%$
- Hamstring LSI on isokinetic $\geq 85\%$
- LSI on anterior reach Y-balance $\geq 95\%$
- Single leg hopping pain free

Return to Sport Criteria:

- LSI $\geq 95\%$ hamstring curl and leg press
- Able to perform single leg squat to 75° with correct form
- Single leg hop LSI $\geq 95\%$
- Y-balance $\geq 95\%$ (mean of 3 trials in anterior, posterolateral and posteromedial $\div 100$)
- Vertical jump test, single leg hop distance, and timed single leg hop over 20 feet $\geq 90\%$ contralateral side