

PCL Rehabilitation
Physical Therapy & Strength and Conditioning
Chad Broering, M.D.

Phase I – Maximum Protection (Weeks 0 to 6):

- Brace **at all times** locked at 0°/0° for six weeks
- Ice and modalities to reduce pain and inflammation
- Use crutches PWB for 6 weeks
- Initiated patellofemoral mobilizations
- Limit ROM 0-90 with **passive prone flexion or seated with anterior tibial translation** by the patient or therapist for first 6 weeks
- Quadriceps setting; towel placed behind tibia
- Straight leg raises **in the brace**

Phase II – Progressive Stretching and Early Strengthening (Weeks 6 to 8):

- Continue with modalities to control inflammation
- Open brace 0°-90° when patient demonstrates good quadriceps function
- Progress to full knee ROM. Minimize posterior tibial translation
- May begin active hamstring contractions
- Begin total leg strengthening with SLR program (**no resisted hamstrings x 8 wks**)
- Gym strengthening (leg press, calf raises, abd/add) no hamstrings
- Bilateral closed kinetic chain squatting
- Multi-plane open and closed kinetic chain hip strengthening
- Unilateral step-up progression
- Stationary biking
- Pool program; shallow and deep water exercise only. No running

Phase III – Advanced Strengthening and Proprioception Phase (Weeks 8 to 12):

- Full range of motion
- Advance cardiovascular program; stationary bike, treadmill walking, elliptical trainer
- Increase intensity of closed kinetic chain exercises
- Begin resisted hamstring exercises

Phase IV – Advance Strengthening and Return to Sport (Weeks 12 to 16 weeks):

Pool running at 8 weeks

Dry land running at 12 weeks

Multidirectional agility drills at 3.5-4 months

Return to sport 4 months