



# Indiana University Health

# IU Health Physicians Orthopedics & Sports Medicine

# **PCL TEAR (NON-OP)**

### NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name:	<u>Date</u> :			
X Evaluate and Treat	X Provide patient with home program			
Frequency: <u>2-3</u> x/w	veek x <u>4</u> weeks			
• PHASE I: 0-6 WEEKS				

PRICE (Protect, Rest, Ice, Comrpess, Elevate) protocol

Avoid hyperextension (12 weeks)

o Precautions



- Prevent posterior tibial translation (12 weeks)
- Isolated hamstring exercises should be avoided until week 12
- Partial WB with crutches (2 weeks)
- Prone passive ROM from 0-90 deg for the first 2 weeks, and then progress to full ROM
- PCL Jack brace or Rebound brace to be worn at all times, including rehabilitation and sleep (minimum of 12 weeks)

#### Goals

- PCL Ligament protection
- Edema reduction to improve passive ROM and quadriceps activation
- Address gait mechanics
- Patient education

## o Therapeutic exercise

- Patellar mobilizations
- Prone passive ROM
- Quadriceps activation
- Quadriceps sets
- Straight leg raises (SLR) once the quadriceps are able to lock joint in terminal extension and no lag is present
- Gastrocnemius stretching
- Hip abduction/adduction
- Stationary bike with zero resistance when ROM < 115 deg</li>
- Weight shifts to prepare for crutch weaning
- Pool walking to assist with crutch weaning
- Calf raises and single leg balance when weaned from crutches
- Upper body and core strength as appropriate

#### • PHASE II: 6-12 Weeks

#### o Precautions

- Continued avoidance of hyperextension
- Prevent posterior tibial translation
- Limit double leg strengthening exercises to no more than 70 deg of knee flexion
- WBAT
- Full ROM, supine and prone ROM after 6 weeks
- PCL Jack brace or Rebound Brace to be worn at all times

#### o Goals

- PCL ligament protection
- Full ROM
- Address gait mechanics during crutch weaning
- Double leg strength through ROM (no greater than 70 deg knee flexion)
   and single leg static strength exercises
- Reps and set structure to emphasize muscular endurance development (3 sets of 20 reps)

# o <u>Therapeutic exercise</u>

- Continue PRICE protocol
- Continue exercises as weeks 1-6



- Gastrocnemius and light HS stretching
- Leg press limited to 0-70 deg of knee flexion
- Squat progression
- Static lunge
- HS bridges on ball with knees extended
- Progressive resistance stationary bike
- Light kicking in pool
- Incline treadmill walking (7-12% incline)
- Single leg dead lift with the knee extended
- Proprioceptive and balance exercises

### • PHASE III: 12-18 weeks

- o Precautions
  - Discontinue PCL Jack brace
- Goals
  - Reps and set structure to emphasize muscular strength development
  - Progress ROM strength to beyond 70 deg knee flexion
  - Isolated HS exercises may begin after week 12
  - Prepare athlete for sport-specific activity
- o Therapeutic exercise
  - Double leg press with progression to single leg
  - Single leg knee bneds
  - Balance squats
  - Single leg dead lift
  - Single leg bridges starting during week 16
  - Continue bike and treadmill walking
  - Running is allowed once the patient has demonstrated sufficient strength and stability with functional exercise and quad girth is >= 90% compared to the contralateral normal side
    - Week  $1 = 4 \min \text{ walk}$ ;  $1 \min \text{ jog for } 15-20 \min$
    - Week 2 = 3 min walk; 2 min jog for 20 min
    - Week  $3 = 2 \min \text{ walk}$ ;  $3 \min \text{ job for } 20 \min$
    - Week 4 = 1 min walk; 4 min jog for 20 min
    - Once running progression is completed, continue single plane agility with progression to multi-planar agility
  - Clinical examination and/or PCL stress radiographs to objectively verify healing of PCL after week 15

This protocol is adopted from Pierce CM, O'Brien L, Grifin LW, LaPrade RF. Posterior cruciate ligament tears: Functional and postoperative rehabilitation. Knee Surgery, Sports Traumatology, Arthroscopy. 2013; 21(5): 1071-1084. http://doi.org/10.1007/s00167-012-1970-1

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient  $\underline{\underline{X}}$  would not benefit from social services.



D	ate:			

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