



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

POSTERIOR CRUCIATE LIGAMENT (PCL) AVULSION REPAIR

PHYSICAL THERAPY PROTOCOL

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Patient Name:	Date of Surgery:
Evaluate and Treat Frequency:	Provide patient with home programx/week xweeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE	Non-weight bearing *	0-2 weeks : Locked in full extension for		Quad sets, patellar mobs, gastroc/soleus



78/109				
I		ambulation and sleeping		stretch
0-4 weeks		2-4 weeks: Unlocked for		SLR w/ brace in full extension until quad strength prevents extension lag
		ambulation, remove for sleeping**		Side-lying hip/core Hamstrings avoidance until 6 wks post-op
PHASE II	2-6 weeks: Non-WB 6-8 weeks:	2-6 weeks : Locked 0-90°	Full	Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side
4-12 weeks	Advance 25% weekly until full	Discontinue brace at 6 weeks		planks; advance hip/core
PHASE III	Full	None	Full	Advance closed chain strengthening Progress proprioception activities
12-16 weeks				Begin stairmaster, elliptical and running straight ahead at 12 weeks
PHASE IV	Full	None	Full	16 wks: Begin jumping 20 wks: Advance to sprinting, backward running, cutting/pivoting/changing
weeks PHASE				direction, initiate plyometric program and sport-specific drills
V > 6	Full	None	Full and pain- free	Gradual return to sports participation after completion of FSA***
months				Maintenance program based on FSA

^{*}Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure **Brace may be removed for sleeping after first post-operative visit (day 7-10)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __would __would not benefit from social services.

^{***}Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at 22-24 wks post-op for competitive athletes returning to play after rehab



Date:

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