



POSTERIOR CRUCIATE LIGAMENT (PCL) RECONSTRUCTION

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

OrthoCarolina

Assistant Professor of Orthopaedic Surgery, Atrium Health

Sports Medicine & Shoulder/Elbow

1915 Randolph Rd, Charlotte, NC 28207

704-323-3000

www.BryanSaltzmanMD.com

Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-4 weeks	Full in Brace *	0-2 weeks: Locked in full extension for ambulation and sleeping 2-4 weeks: Unlocked for ambulation, remove for sleeping**	As tolerated	Quad sets, patellar mobs, gastroc/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag Side-lying hip/core Hamstrings avoidance until 6 wks post-op
PHASE	Full	Discontinue at day	Full	Begin toe raises, closed chain quads,



II 4-12 weeks		28 if patient has no extension lag		balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core
PHASE III 12-16 weeks	Full	None	Full	Advance closed chain strengthening Progress proprioception activities Begin stairmaster, elliptical and running straight ahead at 12 weeks
PHASE IV 16-24 weeks	Full	None	Full	16 wks: Begin jumping 20 wks: Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills
PHASE V > 6 months	Full	None	Full and pain-free	Gradual return to sports participation after completion of FSA*** 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)

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

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.

Date:_____

Bryan M. Saltzman, MD