## Sheena Black, MD

Orthopedic Surgeon
Sports Medicine Specialist



## PHYSICAL THERAPY PRESCRIPTION

PCL & Posterolateral Corner Reconstruction

Name:	me: Date:					
Post-Operative	e Diagnosis: ☐ Right	□ Left				
Ligaments	:: □ PCL □ AC	L □ PLC □ MCL □				
Graft:	□ втв	□ Hamstring □ Allograft □				
Additional	Procedures:	□ Lateral Menisectomy □ Medial Menisectomy				
		□ Lateral Meniscal Repair □ Medial Meniscal Repair				
		□ Other:				
Weight Bearing	g: □ Toe Touch weigl	ht-bearing with crutches (may rest your foot on the floor, but don't put your body weight on it)				
	-					
ROM: Locked in	n full extension in brace t	for ambulation & sleeping				
NO HAMSTRING EXERCISES, NO HEEL SLIDES, NO CPM						
Frequency & Duration: TIW at 4 weeks post-op, BIW at 8 weeks post-op						
Rx:	PCL/PLC Post-Op Reh	nab – Phase 1 (follow my protocol strictly)				
	Dressing change / wound check 2-3 days post-op					
Precautions:						
riecautions.	X Per my PT proto	col				
	Other:					
	H	R				
Physician's Sig	anature:	L- MD				

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## PHYSICAL THERAPY PROTOCOL PCL & PLC Reconstruction

	Weight Bearing	<u>Brace</u>	ROM	<u>Exercises</u>
Phase I Weeks 0-6 PT 1-2x/week HEP daily	TTWB in brace w/ crutches *	0 – 2 weeks: Locked in full extension for ambulation & sleeping  2 – 6 weeks: Unlocked for ambulation (0-90°) (once able to perform SLR without lag out of brace) Remove for sleeping	<b>0 – 2 weeks</b> : 0 – 45° <b>2 – 6 weeks:</b> Advance slowly 0 – 90°	NO HAMSTRING CURLS, NO HEEL SLIDES, NO CPM (hamstring avoidance until 6 weeks post-op)  Quad sets, patellar mobs, gastric/soleus stretch  SLR w/ brace in full extension until quad strength prevents extension lag  Side-lying hip/core
Phase II Weeks 6-12 PT 2-3x/ week HEP daily	Advance 25% weekly until full by 8 weeks	Discontinue if no extension lag (may transition to functional brace)	Full	OK to start light resistance hamstring curls  Begin toe raises, closed chain quads, balance exercises, stationary bike, step-ups, front and side planks; advance hip/core
Phase III Weeks 12-16 PT 2-3x/week HEP daily	WBAT	None	Full	Advance closed chain strengthening  Progress proprioception activities  Begin Stairmaster, elliptical and running straight ahead at 12 weeks
Phase IV Weeks 16-24 PT 1-2x/week HEP daily	WBAT	None	Full	16 weeks: Begin jumping  20 weeks: Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program & sport-specific drills
Phase V > 6 months PT 1x/week HEP daily	WBAT	None	Full and pain- free	Gradual return to sports participation after completion of RTS testing **  Maintenance program based on RTS testing

<sup>\*</sup> May be modified based on concomitantly performed meniscus repair or articular cartilage procedures

<sup>\*\*</sup> Completion of RTS (Return to Sport) testing not mandatory, but recommended at 6 months post-op for competitive athletes returning to play after rehab