Knee PCL/ACL Reconstruction Rehab Protocol Prescription

Patient Name: __________________________ Date: __________________________

Diagnosis: ACL tear, PCL tear Frequency: 2-3 visits/week Duration: 4 months

Week 1-2 (Brace locked in extension, TTWB in brace locked in extension)
  • Ankle pumps every hour
  • Post-op brace to maintain full extension.
  • Quad sets & SLR (Brace on) with no lag
  • TTWB with crutches or a walker
  • Ice or Cryocuff Unit on knee for 20-30 minutes every hour
  • Passive ROM exercises (prone preferable): Limits: 0 to 40 degrees.
  • No active knee flexion or open chain knee flexion
  • No hamstring workouts

Week 3-6 (ROM 0-90 deg, TTWB with brace locked in extension)
  • Supervised PT: 2-3 times a week (may need to adjust based on insurance)
  • Continue SLR’s in brace with foot straight up, quad isometric sets, ankle pumps, heel slides
  • No active hamstring workouts or active knee flexion
  • No weight bearing with knee in flexed position, TTWB with brace locked in full extension
  • Patellar mobilization exercises
  • Brace locked in full extension for ambulation and sleeping, and may unlock for sitting with limit 0-90 deg.
  • May not remove brace for HEP

Week 7 (ROM as tolerated, TTWB with brace locked in extension)
  • Continue with above exercises/ice treatments
  • Advance ROM as tolerated with no limits with brace on
  • Stationary bike for range of motion (short crank or high seat, no resistance) Ok to
remove brace for bike here

- No weight bearing with knee in flexed position, continue TTWB with brace locked in full extension
- Perform scar message aggressively
- Progressive SLR program for quad strength with brace on - start with 1 lb, progress 1-2 lbs per week
- Hamstring active knee flexion OK
- Seated leg extension (90 to 40 degrees) against gravity with no weight
- Hip adductor, flexor strengthening

**Week 8 (TTWB as above)**
- Continue all exercises
- No weight bearing with knee in flexed position, TTWB with brace locked in full extension
- Flexion exercises seated AAROM
- AAROM (using good leg to assist) exercises (4-5x/ day) with brace on
- Continue ROM stretching and overpressure into extension
- SLR's - with brace on
- Leg press 0-70 arc of motion

**Week 9 (WBAT)**
- Continue above exercises
- Start WBAT with brace on in full extension and D/C crutches when stable
- Hamstring and calf stretching
- Self ROM 4-5x/day using other leg to provide ROM
- Advance ROM as tolerated - no limits, may remove brace for ROM
- Regular stationary bike if flexion > 115°
- Heel raises with brace on
- Hip strengthening

**Week 10**
- Continue above exercises
- Unlock brace for ambulation when quad control adequate
- Mini squats (0-60 degrees) and quad strengthening
- 4 inch step ups
- Isotonic leg press (0 - 90 degrees)
- Lateral step out with therabands
- Hip strengthening

**Week 11**
- D/C brace if quad control adequate
  
  Advance ROM, Goal: 0 to 115 degrees, walking with no limp
- Add ball squats
- Initiate retro treadmill with 3% incline (for quad control)
- Increase resistance on stationary bike
- Mini-squats and weight shifts
- Sport cord (bungee) walking
• 8 inch step ups
• 4 inch step downs

**Week 12**
• Begin resistance for open chain knee extension
• Swimming allowed, flutter kick only
• Bike outdoors, level surfaces only
• Progress balance and board throws
• Plyometric leg press
• 6-8 inch step downs
• Start slide board
• Jump down's (double stance landing)
• Progress to light running program and light sport specific drills if:
  Quad strength > 75% contralateral side
  Active ROM 0 to > 125 degrees
  Functional hop test >70% contralateral side
  Swelling < 1cm at joint line
  No pain
  Demonstrates good control on step down

**Week 12-22**
• Stairmaster machine
• If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:
  Progress to home program for running. Progress to hops, jumps, cuts and sports specific drills. Begin to wean from supervised therapy.

**6-12 months**
• Criteria to return to sports
  Full Active ROM
  Quadriceps >90% contralateral side
  Satisfactory clinical exam
  Functional hop test > 90% contralateral side

**One Year**
• Doctor visit

**Concerns or questions:**
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**Physician Signature:**