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**Fellowship Trained in Sports Medicine**

**PCL and Posterior- Lateral Corner Rehabilitation**

Goals

Prevention of posterior tibia translation through the entire rehabilitation program is paramount.

Full knee ROM – all ROM exercise must be performed in the prone or side lying position for the first month

 (4-5 weeks)

 50% WB in Brace and crutches for 4-6 weeks

 Pain/Edema reduction

 Begin and Enhance normalization of quad recruitment

 Prevent posterior translation and tibia rotation

0-4 Weeks post op

 Modalities as needed

Brace locked at 0° for the first two weeks at all times except for passive ROM exercise by ATC or PT for the first month

Advance brace from 0 -90° after week 2 if tolerated

Teach patient to perform ROM Stretching Exercise 2-3x’s daily

ROM Ex’s:

In prone position or side lying only, grip the heads of the gastroc/soleus group and maintain anterior pressure proximally to the tibia while flexing the knee

 Advance ROM as tolerated

 Begin patella mobilizations

 Scar management

Quad sets/SLR in Brace at 0° (Assist patient with this exercise until solid quad contraction developed, prevent posterior sag)

No hamstring isometrics for 8 weeks

Seated calf ex’s

Teach Quad ex’s for home program

Stationary Bike to increase ROM, start with high seat and progress to normal height when able, resistance as tolerated

4 weeks post op

 Cont. as above

 Leg extensions

 Leg press with both legs

6 weeks post op

 Cont. as above

 May begin aquatic therapy emphasizing normal gait, marching forwards/ backwards

 Begin weaning off crutches, D/C brace and normalize gait mechanics

 Full WB as tolerated

 ROM – prone flexion 120° or more, and advance to full ASAP

 Treadmill walking – forwards and retro

 Closed and Open Chain Tubing ex’s

 Single leg stands for balance/ proprioception

Unilateral step – ups start with 2’’ height and progress to normal step height as able

Chair/ Wall squats-keep tibia perpendicular to floor

12 weeks post op

 Cont. as above

 Advance hamstring strengthening into prone position

 Slide Board – start with short distance and progress as tolerated

 Stairmaster

 Versa Climber

 Nordic Track

Elliptical Trainers

 Assessment of jogging on treadmill

 Lateral Movement supervised by ATC or PT

 Stepping, shuffling, hopping, carioca

20 weeks post op

 Cont. as above

Plyometrics- low intensity vertical and lateral hopping to begin with, use both feet and move to one foot ASAP

 Volume of plyometrics (this is not conditioning exercise but a strengthening one) for rehabilitation

 40-60 foot contacts/sessions for beginners

 60-80 foot contacts /sessions for intermediate

 80-100+ foot contacts /sessions for advanced

If Plyometric exercise intensity is high the volume must be decreased, give ample recovery time between sets

Initiate sport specific activities under supervision by ATC or PT

6-9 months post op

 Cont. as above

 Emphasize strength and power development

 Running and sports specific drills under ATC or PT supervision

Cont. strength testing monthly until patient passes then perform functional testing

Functional testing is appropriate for people returning to advance recreational activities or sports