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PLC Reconstruction (+/- PCL Reconstruction)

Post-Operative Rehabilitation Protocol

0-6 weeks

- NWB for 6 weeks with crutches
- Brace locked in extension for ambulation and sleeping x 6 weeks
- Avoid tibial rotation, hypertension and varus force to the knee
- **If PCL reconstruction dynamic knee brace used for 6 months ROM 0-90° for weeks 0-2, then progress as tolerated. Emphasize maintenance of full extension
- **If PCL reconstruction, perform ROM in prone position to avoid tension on PCL graft via posterior tibial glide from gravity
- **If PCL reconstruction, NO active knee flexion and open chain hamstring isometrics x 8 weeks
- ROM:
 - Wall slides/supine heel slide with strap
 - Seated knee flexion with contralateral LE assist
 - **If PCL reconstruction perform prone knee flexion PROM with strap
- <u>Neuromuscular control:</u>
 - Quad Set, Prone TKE, SLR in brace
 - Use of NMES if insufficient volitional quad activation.
 - Quad isometrics at 90, 60, 30 and 0° knee flexion S/L hip ABD in brace
 - Prone hip extension brace
 - Ankle mobility and resisted motions in all planes in supine, long sit or seated position.
 - Supine and seated core stabilization.
 - Seated/supine anti rotation/pallof
 - Supine core isometrics with UE and LE dissociative movements

Criterion to progress

- Pain free ROM 0-90°
- Pain/swelling controlled
- SLR without extensor lag

Weight Bearing Status

NWB x 6 weeks

Brace Settings

Locked straight x 6 weeks when ambulating or sleeping. Otherwise open brace once good quad control

ROM Restrictions

PROM 0-90° beginning POD 1



6-12 weeks No kneeling for 12 weeks post op

- Progress to PWB and then FWB/wean off assistive device
- Discharge crutches then brace when adequate quad activation/strength
- ROM:
 - Stationary bike
- Proprioception and balance:
 - Initiate balance training
- Strengthening
 - Closed chain functional exercise
 - Mini squat, Stepup, lunging in sagittal plane (no flexion >70°)
 - Bridge
 - Side steps
 - Keep band proximal to minimize varus force on knee
 - Core strength and endurance

Criterion to progress:

- Pain free, non-antalgic gait without assistive device for limited distances
- PROM normalized to contralateral side 100%
- Dynamometry 80% compared contralaterally with muscle testing
- **12-20 weeks** Initiate transverse plane and multiplanar motions
 - Initiate plyometrics
 - Restore power
 - Criterion to progress:
 - Y-balance test >90%
 - 60 sec continuous SL squat to 60 deg without femoral and lumbo-pelvic compensations
 - Plank and side plank 60 sec without compensations
 - Dynamometry 90% compared contralaterally with muscle testing
 - Return to prior level of function with minimal symptoms



>20 weeks

- Alter G initiated at 20 weeks for running
- Full body weight running at 24 weeks
- Sport specific dynamic exercises
- **If PCL reconstruction, discharge dynamic brace if kneeling stress X-rays demonstrate less than 2mm of difference
- Plyo Prep Screen when initiating running and/or jumping. Lower Body Assessment when initiating return to sport progression. Schedule via QR code email or <u>spc@rushortho.com</u>



Exercise	Week 1 2 3 4 5 6 7 8 9 10 12 16 20 24											
Initial Exercises:			Ŭ	Ŭ	. ·	Ŭ	J					
ROM Goals	0-90 °	0-90° 0-125°			Progress to full							
Flexion/extension- prone with brace				<u> </u>								
Flexion/extension- seated/ calf-assisted or prone												
Patella/Tendon mobilization												
Quad Series	0° ISOs, SLR 60)° ISOs			70-30° arc-resisted			Full arc resisted		
Hamstring Sets						a	C-resis	leu				
Sit and Reach for Hamstrings (no hyperextension)												
Ankle Pumps												
Crutch weaning												
SLR (w/ brace until quad control restored)		NWB	, 									
Toe and heel raises												
Weight-bearing Strength Exercises:	1 2	3 4	5	6	7	8	9	10	12	16 2	0 24	
Double Knee Bends												
Double Leg Bridges												
Step up/Lunge Progression												
Beginning cord exercises	I	NWB										
Proprioception/Balance Training												
Dead Lift (2 \rightarrow 1)												
Squat/Leg Press (ISO →reps, 2→1 leg)					0-4	15°	0-7	0° (7	0° M	ax on	oress)	
Sports Test Exercises												
Cardiovascular Exercises:	1 2	3 4	5	6	7	8	9	10	12	16 2	0 24	
Bike with both legs-no resistance												
Bike with both legs- resistance												
Aqua jogging												
Treadmill-walking 7% incline	I	NWB										
Swimming with fins-light flutter kick												
Elliptical Trainer												
Rowing												
Stair stepper												
*Cardio Exercises		erate dail elling pric										
Agility Exercises:	1 2	3 4	5	6	7	8 8	9	10	12	16 2		
Running Progression*		I			•	1						
Initial-Single Plane	I	NWB										
Advance-Multi Directional												
Functional Sports Test												
High Level Activities:	1 2	3 4	5	6	7	8	9	10	12	16 2	0 24	
Golf Progression												
Outdoor biking, hiking, running	I	NWB										
Return to Full Sport at 9 months post-op				1								

Quad Series:

- •Quad sets (5 sec hold) also quick contractions (NMES to supplement)
- Prone quad sets
- •SLR with no extension leg
- Progression of Quad Strengthening (WB exercises at 6 weeks)
- •LAQ in safe range -no added resistance to begin
- •Once weight bearing tandem stance TKE with 5 sec hold
- Isometric wall sit
- SLR with resistance
- Step up progression
- Squat progression
- Leg press progression
- Lunge progression

Hamstring Series:

- •Hamstring stretching (supine/prone)
- •Hamstring set (heel dig)- contract hamstring with knee flexed pressing heel into the floor (5 sec hold)
- Hamstring curls
- Progress to resisted hamstring curl

Sport Test Exercises:

- •Goals: impact training and introduction of directional drills
- Double leg squat jumps
- •Box jumps
- Speed skaters
- Double leg jumps for height and distance progress to single leg as tolerated
- •Blaze pod change of direction drills

Further Clarifications and Considerations

•May begin to implement BFR as early as 1 week into post-op period

•Functional Sports Test: Baseline completed at 7 months post-op with subsequent test at 9 months

Return to Running Criteria

- Trace effusion, flexion within 5 degrees of contralateral side
- LSI on anterior reach Y balance test ≥ 90%
- LSI on quadriceps torque output on isometric measurement ≥ 75%
- 12" SL squat tolerance
- Able to walk > 1 mile with no limping or pain
- Able to "hop" with UE assist on operative leg 5 times without pain or compensation
- •SL balance with eyes closed 30 seconds without loss of balance



Return to Agility/Change of Direction Criteria

- •Return to running criteria listed above met
- •No effusion
- •Full ROM
- •Quad LSI on isokinetic ≥85%
- Hamstring LSI on isokinetic ≥85%
- •LSI on anterior reach Y-balance \geq **95%**
- •SL hopping pain-free and effusion free

Return to Sport Criteria

- In order to test must demonstrate full AROM, no pain, no/trace effusion, 5/5 strength, negative lachman and pivot shift, LSI ≥95% hamstring curl and leg press
- •Quadricep strength ≥95% of contralateral side (< 2cm of atrophy)
- Able to perform single leg squat with correct form
 LSI SL hop ≥95%
- •Y-Balance ≥95% (mean of 3 trials in anterior, posterolateral, posteromedial /100)
- Vertical jump test, single leg hop distance, and timed single leg hop over 20 -feet ≥90% of contralateral side

