Non-operative Rehabilitation Protocol

Posterior Cruciate Ligament (PCL) Tear

General Guidelines	 Physical therapy should begin immediately following injury You will be partial weight bearing with crutches for minimum 2 weeks You will be PCL jack or Rebound brace for minimum 12 weeks depending on grade of tear Functional activity progression should be performed only as pain and proper biomechanics allow with emphasis on proper shock absorption and control of dynamic valgus at knee Contact therapist or physician with any questions/concerns 		
	Range of Motion	Brace	Exercises
Phase 1 – Early protection Weeks 0 - 6	 Prone passive ROM 0 – 90° for first 2 weeks then may progress to full ROM in PCL Brace 0-2 Wk: Partial weight bearing with crutches 2-4 Wk: WBAT with crutches Wk 4: Wean crutches 	Locked in extension to be worn at all times, including sleep (2 weeks) Transition to PCL Rebound brace at 2 weeks	Rest, Ice, Compress, Elevate (RICE) Avoid hyperextension and posterior tibial translation (12 weeks) Isolated hamstring exercises should be avoided until week 12 or cleared by physician Quad sets, SLR once able to lock joint in terminal extension with no lag, Hip abduction/adduction, no resistance stationary bike, pool walking to assist crutch weaning
Phase 2 – Strength Weeks 6-12	Goal to achieve full, pain-free ROM. *Maintain extension*	Continue PCL Rebound brace full time	Gait mechanics, leg press limited 0-70° flexion, Squat progression (Squat \rightarrow Squat with calf raise \rightarrow Squat with weight shift), progressive resistance stationary bike, incline treadmill walking, proprioceptive and balance
Phase 3 – Return to Sport Weeks 12+	Full, pain-free ROM	None	Progress closed chain strength beyond 70°, initiate running program when quad strength is >80% of contralateral side, Single leg plyometrics, sport-specific testing Return to Sport → Full, pain free ROM, No effusion, >90% RTS testing

Adapted from: Pierce, C. M., O'Brien, L., Griffin, L. W., & Laprade, R. F. (2013). Posterior cruciate ligament tears: functional and postoperative rehabilitation. Knee Surgery, Sports Traumatology, Arthroscopy, 21(5), 1071–1084. http://doi.org/10.1007/s00167-012-1970-1

