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**REHAB PROTOCOL: Posterior Cruciate Ligament (PCL) Insufficiency/Sprain**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**PHASE I -PROTECTION PHASE (Day 1 – Week 4)**

• **Day 1-5**

- o **Brace ROM:** 0-70°
- o **Weight-bearing:** two crutches as tolerated
- o **Muscle Stimulation:** muscle stimulation to quads
- o **Exercises**
  - Quad sets
  - Straight leg raises (all 4 planes)
  - Knee extension (60° to 0°)
  - Multi-angle isometrics at 60°, 40°, 20°(for quads)
  - Mini squats (0-50°)
  - Leg press (45-90°)

• **Day 5-7**

- o **Brace ROM:** 0-90°
- o **Weight-bearing:** progress as tolerated
- o **Exercises**
  - Continue all strengthening exercises
  - Initiate wall squats
  - Initiate proprioception training

• **Weeks 2-3**

- o **Brace ROM:** 0-115°
- o **Weight-bearing:** one crutch then without at week 3
- o **Exercises**
  - Progress exercises (listed above), using weight progression
  - Bicycle for ROM stimulus (week 2-4)
  - Pool program
  - Leg press (30-90°)
  - Vertical squats (0-60°)

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- Lateral step-ups
- Single leg squats

**PHASE II - MODERATE PROTECTION PHASE (Week 3-6)**

• **Week 3**

- o **Brace:** discontinue
- o **ROM:** to tolerance (0-125°)
- o **Exercises**
  - Continue all above exercises (progress weight)
  - Bicycle
  - Stairmaster
  - Rowin
  - Knee extension (90-0°)
  - Mini squats (45-60°) (0--60°)
  - Wall squats
  - Hamstring curls (light resistance) (0-°©-45°)
  - Hip abduction/adduction
  - Toe-calf raises
  - Proprioception training (biomedex stability system)

• **Week 4-6**

- o **Brace:** fit for functional brace
- o **Exercises**
  - Continue all above exercises
  - Pool running
  - Agility drills

**PHASE III --MINIMAL PROTECTION PHASE (6 weeks and beyond)**

- **Exercises**
  - o Continue all strengthening exercises
  - o Initiate running program
  - o Gradual return to sport activities
- **Criteria to Return to Sport Activities**
  - o Isokinetic quadriceps torque to body weight ration
  - o Isokinetic test 85% > of contralateral side
  - o No change in laxity
  - o No pain/tenderness/swelling
  - o Satisfactory clinical exam

**Comments:**

**Frequency:** \_\_\_\_\_ times per week

**Duration:** \_\_\_\_\_ weeks

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_