



JAGLOWSKI  
ORTHOPEDIC  
INSTITUTE

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## PCL/Posterolateral Corner Rehabilitation Protocol

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**\*\* The following instructions represent general guidelines. Your personal instructions may be slightly different and will be conveyed to you by Dr. Jaglowski if this is the case. Post-operative instructions, physical therapy protocols, and useful information regarding your post-op care may be found electronically at [www.jagsortho.com](http://www.jagsortho.com).\*\***

### Basic Principles

- Crutches for ambulation for 8-10 weeks; no weight bearing through first 6 weeks postop.
- No isolated hamstring exercises until 4 months postop. This would put extra stress on the healing graft and needs to be avoided.
- The knee immobilizer should be worn whenever up or at night through 2 weeks.
- Attempt to negate the negative effects of gravity on the PCL reconstruction graft.

### Post-op Day 1-2

- Knee kept in extension for 1-2 weeks to allow healing.
- Avoid posterior tibial sag. Always keep a pillow under the proximal calf to avoid sag. Also, avoid external rotation of the leg/foot to protect the posterolateral corner surgery.
- Three pillows under operative leg.
- Initiate quadriceps sets. Tighten quads hard for 6 seconds, relax for 3 seconds. Repeat. 20 reps, 4-5 times daily.
- No weightbearing on operative limb for 6 weeks - crutches to ambulate.

## **Post-op Weeks 1-6**

- Straight leg raises in brace only. Do not allow extensor sag. Hold for 5 seconds and lower (build up to 10 sets, 20 reps daily).
- Hip extension and abduction exercises. While standing against a counter, desk, or table, lift the operative limb in abduction or extension. Build up to 10 sets, 10 reps each daily.
- Prone knee flexion as per “safe zone” defined in surgery starting at week 1-2. Attempt to achieve 90° of prone knee flexion by 2-3 weeks postop, minimum of 115° by 6 weeks post-op.
- Place into PCL jack brace at 2 weeks post-op appointment. Range of motion 0-90° in brace

## **Post-op Weeks 7-12**

- Patient may begin to work on active and active assisted range of motion. 4 times daily. No aggressive stress to knee must be applied past 90° of knee flexion. Active, active assisted, and passive prone ROM exercises 4 times daily.
- Weight bearing up to ¼ body weight allowed. Initially with an increase of ¼ body weight per week until full weight bearing. Normal gait with the use of crutches must be achieved. Ambulation. - Progress to 1 crutch on the nonoperative side once normal gait pattern is achieved with full weight bearing on crutches. The 1 crutch must come forward and make ground contact in synchrony with the operative limb. Once a normal gait pattern is established, the crutch may be discarded. There should be no limping as this will promote posterior tibialis pain, semimembranosus bursitis, and sacroiliac joint dysfunction on the affected side.
- Continue straight leg raises and quadriceps sets. Perform a straight leg raises without a sag.
- Initiate exercise bike program once 105° of knee flexion achieved. Set seat height so lowest limb has knee flexed to 15°. No resistance. Start off at 5 minutes and progress to 10 minutes daily. The seat height should be set so that the lower leg should have the knee flexed a little. Start off with no resistance. Progress from 5 minutes to 20 minutes as strength permits. The foot should be placed slightly forward on the pedal (without toe clips) to minimize hamstring activity.
- Range of motion. Active, active assisted, passive prone ROM exercises 4 times daily. Leg presses. Light weight, to maximum of 70° of knee flexion (start off at 25% of body weight).

## **Postop Months 3-6**

- Continue straight leg raises, quadriceps sets, hip extension, and hip abduction exercises daily. Weight may be added proximal to the knee joint (on the thigh) as strength permits.
- Work on achieving full knee range of motion.
- No isolated hamstring exercises until 4 months postop.
- No leg presses or squats past 70° of knee flexion to avoid high stresses on the healing PCL graft.

- Calf raises. Perform with knee straight with heels over the edge of a step or curb. Perform 3 sets daily of 10 reps done slow and fast (each).
- Swimming. Allowed but no whip kick. Ambulation in chest high water also permitted. (Laps around pool or lane.) Work on normal gait mechanics within ambulation in pool (heel-toe gait).
- Elliptical machines. Permitted at 16 weeks. Progress as tolerated with low resistance initially. Work up to 10 to 12 minutes per day.
- Wall slides (from 0 - 45°). Progress to mini squats as tolerated.

### **Post-op Months 6+**

- Assess healing with PCL and varus stress x-rays.
- Straight leg raises. May move weight to tibial tubercle region and progress distally on the tibia an inch/week. Maximum of 10 lbs.
- Continue hip abduction, quadriceps sets, hip extension activities.
- Stationary bicycle. Increase resistance as tolerated. Thighs should feel “drained” once you get off bike but should not feel exhausted. Stretch for minimum of 20 minutes daily.
- Range of motion program. Flexion should achieve to 125° or full flexion by this point.
- Continue leg presses to a maximum of 70° of knee flexion. Increase weight as tolerated.
- Athletes: Functional/KT-1000 testing performed to gauge strength gains and ability to return to full competition at 7-9 months post-op



**PCL Reconstruction/Posterolateral Corner Reconstruction**

Name: \_\_\_\_\_  
Dr: Jeffrey R. Jaglowski MD, MBA

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

● = Do exercise for that week

**Week**

**ROM RESTRICTIONS**

Prone  
0-90 x 6 weeks

**BRACE SETTINGS**

Immobilizer  
Brace x 2 weeks

Jack Brace x 24  
weeks

**Weight Bearing status**

NWB x 6 weeks

<b>Initial Exercises</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Flexion/Extension – prone with brace	●	●	●	●	●	●	●	●	●	●	●			
Flexion/Ext – seated/calf assisted								●	●	●	●			
Patella/Tendon mobilization	●	●	●	●	●	●	●	●						
Quad series	●	●	●	●	●	●	●	●						
Hamstring sets												●	●	●
Sit and reach for hamstrings (no hypertext)					●	●	●	●						
Ankle pumps	●	●	●	●	●	●	●	●	●					
Crutch weaning							●	●	●					
Toe and heel raises								●						
Balance series								●	●	●	●	●	●	●
<b>Cardiovascular Exercises</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Bike with both legs – no resistance							●	●	●					
Bike with both legs - resistance									●	●	●	●	●	●
Aquajogging											●	●	●	●
Treadmill – walking 7% incline									●	●	●	●	●	●
Swimming with fins – light flutter kick									●	●	●	●	●	●
Elliptical trainer											●	●	●	●
Rowing											●	●	●	●
Stair stepper											●	●	●	●
<b>Weight Bearing Strength</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Double knee bends								●	●	●	●	●	●	
Double leg bridges								●	●	●				
Reverse lunge – static holds								●	●	●				
Beginning cord exercises								●	●	●	●			
Balance squats											●	●	●	●
Single leg deadlift											●	●	●	●
Leg press to max. 70° knee flexion							●	●	●	●	●	●	●	●
Sports Test exercises														●
<b>Agility Exercises</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Running progression														●
Initial – single plane														●
Advance – multi directional													●	●
Functional sports test														●
<b>High Level Activities</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Golf progression														●
Outdoor biking, hiking, snowshoeing														●
Skiing, basketball, tennis, football, soccer after 7-9 months														

Therapist Name: \_\_\_\_\_