

# Keith T. Corpus, MD

# PCL Injury: Non-Operative (Accelerated)

This information and protocol is a guideline, individual variations and changes will apply

This program may be accelerated or extended depending on the severity of injury and magnitude of symptoms. An increase in pain, swelling, or loss of ROM suggests that progression of the program may be too fast.

# PHASE I (WEEKS 0-3) MAXIMAL PROTECTION PHASE

## GOALS:

- Decrease pain and inflammation
- Early protected ROM
- Prevent quadriceps atrophy
- Patient education

### **PRECAUTIONS:**

- Crutches (PRN): WBAT
- Hinge knee brace:
  - Week 1: 0-60°
  - Week 2: 0-90°
  - o Week 3: 0-115°
- Avoid active knee flexion

## **TREATMENT RECOMMENDATIONS:**

- Range of Motion: limits as above
- Strengthening: Emphasize quads (SLR, knee extensions 0-60°, mini-squats 0-50°, leg press 30-90°)
- Bicycle beginning week 2
- Modalities: PRN
- HEP

## MINIMUM CRITERIA FOR ADVANCEMENT:

- No increased instability
- No increased swelling
- Minimal tenderness
- PROM at least 0-115°

# PHASE II (WEEKS 4-6) MODERATE PROTECTION PHASE

#### GOALS:

- ROM 0-125°
- Discontinue brace

### PRECAUTIONS:

Avoid active knee flexion



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### **TREATMENT RECOMMENDATIONS:**

- ROM 0-125°
- Continue and advance strengthening.
- Proprioception training
- Endurance work
- Pool running/Alter-G progress to full
- Progress to agility drills when appropriate
- HFP

#### MINIMUM CRITERIA FOR ADVANCEMENT:

- No instability
- No swelling
- Full painless ROM

# PHASE III (WEEKS 7-12) MINIMAL PROTECTION PHASE

### GOALS:

- Full strength and ROM
- Gradual increase to full activity level

#### PRECAUTIONS:

None

#### TREATMENT RECOMMENDATIONS:

- Continue flexibility, strengthening, proprioception training
- Initiate sport/activity specific activity drills
- Gradual return to sport/activities
- HEP for maintenance

## MINIMUM CRITERIA FOR ADVANCEMENT:

- Full ROM
- No effusion
- No change in laxity
- Isokinetic strength >85% contralateral side
- Satisfactory proprioception