Posterior Cruciate Ligament Reconstruction

This protocol is a guideline for your rehabilitation after posterior cruciate ligament reconstruction. You may vary in your ability to do these exercises and to progress from one phase to the other. Please call your doctor if you are having a problem with your knee or if you need clarification of these instructions.

PHASE 1: 0 – 2 weeks after surgery
You will go home with a knee brace, crutches, cryocuff cold therapy unit and a CPM machine.

GOALS:
1. Protect the reconstruction – avoid falling
2. Ensure wound healing
3. Attain and maintain full knee extension
4. Gain knee flexion (knee bending) to 90 degrees
5. Decrease knee and leg swelling
6. Promote quadriceps muscle strength
7. Avoid blood pooling in the leg veins

ACTIVITIES:

1. BRACE/CRUTCHES
For the first two weeks after surgery, your knee brace will locked in extension (straight). Use the brace when walking.

You will be asked to use crutches to walk after surgery. You will be instructed in partial weight bearing with the crutches for at least the first 6 weeks after surgery. Your doctor will give special instructions in some cases.

Remove the brace for exercises

3. CRYOCUFF (COLD APPLICATION)
If you are experiencing pain, swelling, or discomfort, we suggest icing for 15-20 minutes with at least a 60-minute break in between. Use your cryocuff or place ice in a zip lock bag and/or in a towel and apply to the injured area. Never place ice directly on the skin.

4. WOUND CARE
Remove your bandage on the second morning after surgery but leave the small pieces of white tape (steri strips) across the incision. You can wrap an elastic bandage (ace) around the knee at other times to control swelling. You may now shower and get your incision wet, but do not soak the incision in a bathtub or Jacuzzi until the stitches have been removed.

5. ASPIRIN / ELASTIC STOCKINGS
Take an aspirin each morning; wear elastic stocking (TED) below the knee for 2 weeks, and do at least 10 ankle pump exercises each hour to help prevent phlebitis (blood clots in the veins).

6. FREE/MACHINE WEIGHTS
Upper Body/Trunk Only
We suggest that you do not use any lower extremity free or machine weights. If you are doing free or machine weights for the upper body and trunk, we suggest a very light resistance of 3 sets of 15-20 repetitions. Do not place yourself in a compromising position with your recently operated knee. Do not do exercises while standing. Use a bench or chair to support your body weight.
**EXERCISE PROGRAM**
Perform exercises without brace. See “Knee Exercises” handout for illustrations.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Sets/Reps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadriceps setting</td>
<td>1-2 sets of 15-20 reps</td>
</tr>
<tr>
<td>Heel prop</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Sitting Heel Slides</td>
<td>1 set of minutes</td>
</tr>
<tr>
<td>Straight leg raises</td>
<td>1-2 sets of 15-20 reps</td>
</tr>
<tr>
<td>Patellar mobilization</td>
<td>1 set for 1 to 3 minutes</td>
</tr>
<tr>
<td>Hip abduction</td>
<td>3 sets of 10 reps</td>
</tr>
<tr>
<td>Ankle pumps</td>
<td>1 set of 2 to 3 minutes</td>
</tr>
</tbody>
</table>

**START PHYSICAL THERAPY**
- You can start formal physical therapy about 3 to 5 days after the operation.
- You can start PT here at YALE, or we can refer you to a local PT convenient to you.
- We ask that your PT follow our written protocol.
- If your PT has questions, please ask them to call us to discuss them.

**OFFICE VISIT**
Please return to see your doctor approximately **two weeks** after your surgery. At this time, your sutures will be removed and your progress will be checked. You will see the physical therapist for exercise instruction. You will begin CPM at this time.
Posterior Cruciate Ligament Reconstruction

PHASE 2: 2 – 6 weeks after surgery

Goals
1. Protect the reconstruction, avoid falling
2. Ensure wound healing
3. Maintain full knee extension (straighten knee fully)
4. Begin quadriceps muscle strengthening
5. Attain knee flexion of 90 degrees or more
6. Decrease knee and leg swelling
7. Protected gait with crutches and partial weight bearing

ACTIVITIES

1. Continuous Passive Motion (CPM)
   Use the CPM machine at home as much as possible for 3rd and 4th weeks after surgery. You should use the machine at least 10 hours per day. You may move the machine to a sofa, the floor or onto a bed as you change positions and locations. You should use the machine at night while sleeping; slow down the machine at night to facilitate sleeping. Extension (knee straight) on the machine should be set at minus five degrees at all times to help your knee extend.
   It is very important that you straighten the knee completely! The machine should be programmed to include an extension pause of 5 seconds (in other words, when the knee is straightened out, it pauses in the straight position to allow you to stretch it out straight). This flexion setting will start at around 30 – 40 degrees and should be gradually increased to 90 degrees as you can tolerate more bending of your knee.

2. Cryocuff
   Use the cryocuff or ice bags to decrease swelling for 20 minutes three times a day after each exercise session.

3. Brace / Crutches
   Always wear the post-operative brace when walking (the brace should be set to allow full extension and 90 degrees of flexion). Always use your crutches and bear only partial weight on the operated leg. Follow these instructions until you return for your follow-up with your doctor at six weeks after surgery.

4. Swelling
   Continue using the elastic stockings (TED) for the lower leg and wrapping the knee with an elastic bandage (ACE) to control swelling.

5. Exercise Program

Stationary Bicycle
Utilize a stationary bicycle to move the knee joint and increase knee flexion. If you cannot pedal all the way around, then keep the foot of your operated leg on the pedal, and pedal back and forth until your knee will bend far enough to allow a full cycle. Use the non-operated (‘good’) leg to move the pedals while your operated (PCL) leg just travels around as a “passenger”. Most people are able to achieve a full cycle revolution backwards first, followed by forward. You may ride the cycle with no resistance for up to 10-15 minutes, 1 to 2 times a day. Set the seat height so that when you are sitting on the bicycle seat, your knee is fully extended with the heel
resting on the pedal in the fully bottom position. You should then actually ride the bicycle with your forefoot resting on the pedal.

**Range of Motion and Strengthening Exercises** (brace off)

Continue the exercises from phase 1.

**RANGE OF MOTION AND STRENGTHENING EXERCISES** (brace off)

**Days per Week:** 5-7  **Times per Day:** 1-2

- Quadriceps setting: 1-2 sets of 15-20 reps
- Heel prop: 5 minutes
- Heel slides with towel assist: 1 set of 5 to 15 minutes
- Straight leg raises: 1-2 sets of 15-20 reps
- Standing Toe Raises: 3 sets of 10 reps
- Hip abduction: 3 sets of 10 reps
- Short Arc Lift: 3 sets of 15 reps
- Prone Hip Extension: 3 sets of 15 reps

**OFFICE VISIT**

Please arrange to see your doctor in four weeks (6 weeks after surgery).

**Posterior Cruciate Ligament Reconstruction**

**PHASE 3: 6-12 weeks after surgery**

**Goals**

1. Protect the reconstruction, avoid falling
2. Ensure wound healing
3. Maintain full knee extension (straighten knee fully)
4. Begin quadriceps muscle strengthening
5. Attain knee flexion of 90 degrees or more
6. Decrease knee and leg swelling
7. Return to normal walking without crutches

**ACTIVITIES**

1. **Cryocuff**

Use the cryocuff or ice bags as needed to decrease swelling for 20 minutes.

2. **Brace / Crutches**

You can discontinue use of the brace and crutches according to your doctor’s instructions
3. **Exercise Program**

**Stationary Bicycle**

Utilize a stationary bicycle to move the knee joint and increase knee flexion. If you cannot pedal all the way around, then keep the foot of your operated leg on the pedal, and pedal back and forth until your knee will bend far enough to allow a full cycle. Most people are able to achieve a full cycle revolution backwards first, followed by forward. You can now ride the bike normally, using both legs actively. You may ride the cycle with mild resistance for up to 10-15 minutes, 1 to 2 times a day. Set the seat height so that when you are sitting on the bicycle seat, your knee is fully extended with the heel resting on the pedal in the fully bottom position. You should then actually ride the bicycle with your forefoot resting on the pedal.

**Range of Motion and Strengthening Exercises** (brace off)

The following exercise program should be followed as directed by Dr. Gill or the physical therapist. For the straight leg raise, hip abduction and prone hip extension, if the exercise can be performed easily after the first week, then an ankle weight may be used to increase the resistance of the exercise and build strength. Start with 1 pound and add 1 pound per week until you reach 5 pounds. Do the exercises daily for the first week, and then decrease to every other day when using ankle weights. 3 sets of 10 repetitions is recommended for all exercises. You may ride the stationary bicycle daily for 20 to 30 minutes.

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**EXERCISE PROGRAM**

**Range of Motion and Strengthening Exercises**

<table>
<thead>
<tr>
<th>Days per week: 3</th>
<th>Times per day: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadriceps setting</td>
<td>1-2 sets of 15-20 reps</td>
</tr>
<tr>
<td>Heel prop</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Short arc lift</td>
<td>3 sets of 10 reps</td>
</tr>
<tr>
<td>Heel slides with towel assist</td>
<td>1 set of 5 to 15 minutes</td>
</tr>
<tr>
<td>Straight leg raises</td>
<td>3 sets of 10 reps</td>
</tr>
<tr>
<td>Standing hamstring curl</td>
<td>3 sets of 10 reps</td>
</tr>
<tr>
<td>Standing toe-raises</td>
<td>3 sets of 10 reps</td>
</tr>
<tr>
<td>Hip abduction</td>
<td>3 sets of 10 reps</td>
</tr>
<tr>
<td>Partial squat to chair</td>
<td>3 sets of 10 reps</td>
</tr>
<tr>
<td>Wall slides</td>
<td>3 sets of 10 reps</td>
</tr>
<tr>
<td>Prone Hip extension</td>
<td>3 sets of 10 reps</td>
</tr>
</tbody>
</table>

**OFFICE VISIT**

Please arrange to see your doctor in four weeks (12 weeks after surgery).
Posterior Cruciate Ligament Rehabilitation Protocol

PHASE 4: 12 to 18 weeks after surgery

Goals:
1. Protect the reconstruction; avoid falling.
3. Attain full knee flexion.
4. Walk with a normal heel-toe gait with no limp.
5. Muscle strength and conditioning improvements.

1. Brace / Crutches
The brace and crutches are usually discontinued after you see the doctor at your 6-week post-operative office visit. Concentrate on walking with a heel-toe gait without a limp.

2. Cryocuff
Continue to use the cryocuff, as needed, for 20 minutes after each workout.

3. Knee Support
Buy an elastic knee sleeve (made of neoprene rubber) at a sporting goods store. It should have an opening for the kneecap and velcro straps but does not need hinges on the sides. Use this support if you are on your feet for a prolonged period of time.

4. Stationary Bicycle
Utilize a stationary bicycle to both strengthen the thigh muscles and increase knee flexion. If you cannot yet pedal all the way around, then keep the foot of your operated leg on the pedal, and pedal back and forth until your knee will bend far enough to allow a full cycle. You may ride the cycle with mild resistance for up to 20 minutes a day. Set the seat height so that when you are sitting on the bicycle seat, your knee is fully extended with the heel resting on the pedal in the fully bottom position. You should then actually ride the bicycle with your forefoot resting on the pedal.

5. Swimming
You may begin swimming at this time, if available, using only the flutter kick and doing the freestyle and backstroke. Do not swim breast-stroke, butterfly or side-stroke yet. Swimming with a kick-board is safe as long as the flutter-kick is used. You can swim up to 15 to 20 minutes, 3 to 4 times per week.

6. Exercises
Quadriceps setting exercises should continue for 20 repetitions, 3 times per day. Continue the exercises from Phase 2 as a warm-up to the Phase 3 exercises. You should add the following exercises, every other day, as instructed by the physical therapist:

   **EXERCISE PROGRAM**

   **Range of Motion and Strengthening Exercises**

   Days per week: 3       Times per day: 1

   Quadriceps setting                  1-2 sets of 15-20 reps
   Heel prop                           5 minutes
   Heel slides with towel assist        1 set of 5 to 15 minutes
   Straight leg raises                  3 sets of 10 reps
   Standing hamstring curl limit to 45° 3 sets of 10 reps
   Standing toe-raises- single leg      3 sets of 10 reps
   Hip abduction                       3 sets of 10 reps
   Prone hip extension                  3 sets of 10 reps
   Squat to chair                      3 sets 15 reps
   Wall slides                         3 sets of 15 reps
   Single leg strengthening progression see timeline
Stretching Exercises
Days per week: 5-7  Times per day: 1-2
Hamstring stretch  3-5 reps holding 15 to 30 seconds
Quadriceps stretch  3-5 reps holding 15 to 30 seconds
Calf Stretch  3-5 reps holding 15 to 30 seconds

Optional Additional Weight Training
Days per week: 2-3  Times per day: 1  3 sets of 20 repetitions
The following exercises may be added to your exercise program about 6 weeks after surgery:
Seated Leg Press  Roman Chair
Hamstring Curl  Calf Raise Machine
HIP Abductor/Adductor Machine  Hip Flexor Machine

SINGLE LEG STRENGTHENING PROGRESSION
At this time, it is important to begin the development of single-leg strength. Begin to follow the “Progression for Single Leg Strengthening ” included in this packet if you are able to do the exercises without pain. The instructions estimate a time period of 10 to 12 weeks for you to progress through the whole program. This time line will vary for different people and knees, depending upon the presence of other knee problems. Again, limit flexion of the knee to 60 degrees or less during these exercises.

OPTIONAL ADDITIONAL EXERCISES
The following exercises may be added to your exercise program at 8 weeks after surgery:

LEG PRESS
When using a leg press machine, limit the flexion of the to 60 degrees or less to avoid over stressing the PCL graft. As the starting weight for these exercises, use an amount of weight that feels easy enough to perform 20 repetitions. Use this weight for the first week before raising the weight. The weight may be increased by about 5 pounds every 7 to 10 days thereafter, as long as you can perform 20 repetitions per set for 3 sets.

Weight Training
Leg Press
Hip Abductor/Adductor machine
Roman Chair
Calf Raise Machine
Precautions When Exercising
When using a leg press machine, squatting or doing wall slides, limit the flexion of the knee to \textbf{60 degrees} or less to avoid over stressing the PCL graft.
- When performing the standing hamstring curl, limit the bend in your knee to 45 degrees.
- Avoid pain at the surgical incision site
- Avoid pain and/or crepitus at the patella
- Build up resistance and repetitions gradually
- Perform exercises slowly avoiding quick direction change and impact loading
- Exercise frequency should be 2 to 3 times a week for strength building
- Be consistent and regular with the exercise schedule

Principles of Strength Training
- Warm-up prior to exercising by stationary cycling or other means
- You are “warmed-up” when you have started sweating
- Gently stretch all muscle groups next
- Do exercises involving multiple muscle groups first and individual muscle groups last
- Do aerobic workouts after strength workouts
- Cool-down by stretching after finishing exercise

\textbf{DO NOT} do any of the following exercises:

1. Knee extension using a weight lifting machine
2. Resisted Hamstring curls or hamstring weight machine
3. Lunges
4. Stairmaster
5. Step exercises with impact
6. Running
7. Jumping
8. Pivoting or cutting

OFFICE VISIT

Please make an appointment to see your doctor at six months after surgery.
Posterior Cruciate Ligament Rehabilitation Protocol

Phase 5: from the 18th week onward

**Goals:**
1. Regain full muscle strength.
2. Work on cardiovascular conditioning.
3. Do sports-specific training.

**ACTIVITIES**

**Muscle-Strengthening Exercises**
You should continue muscle-strengthening exercises from Phases 2 and 3 three times a week. You can now decrease the number of repetitions per set from 15 to 10. This will allow you to work with heavier weights. Remember to do all exercises slowly with good form. Weights can be increased when you can do a particular weight easily for 3 sets of ten repetitions for 3 consecutive workouts.

**Cardiovascular Conditioning**
Use Nordic track, stationary bicycle, rowing machine or swimming workouts to build cardiovascular fitness. Three to five times per week for 20 to 30 minutes is sufficient for improvement in conditioning. Excessively long duration cardiovascular exercise can retard or delay muscular strength development. Strength improvement and gains in muscle size are your primary goals at this time.

**Sports-Specific Training**
To reach your ultimate goal of returning to sports participation, you must follow an orderly sequence of drills which are designed to re-train coordination that is necessary to provide the proper control of your knee. The following time-table gives an approximate sequence for returning to activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Months post-surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golf</td>
<td>4 to 5</td>
</tr>
<tr>
<td>Running slowly</td>
<td>5</td>
</tr>
<tr>
<td>Tennis</td>
<td>6</td>
</tr>
<tr>
<td>Sprinting</td>
<td>6</td>
</tr>
<tr>
<td>Running quickly with slow starts and slow stops</td>
<td>6</td>
</tr>
<tr>
<td>Running with sprinting with fast starts and stops</td>
<td>7 to 8</td>
</tr>
<tr>
<td>Backward running</td>
<td>7 to 8</td>
</tr>
<tr>
<td>Zigzag running</td>
<td>7 to 8</td>
</tr>
<tr>
<td>Figure-of-eight running</td>
<td>7 to 8</td>
</tr>
<tr>
<td>Circle running</td>
<td>7 to 8</td>
</tr>
<tr>
<td>Carioca running</td>
<td>7 to 8</td>
</tr>
<tr>
<td>Hopping and jump training</td>
<td>8 to 9</td>
</tr>
</tbody>
</table>
Quickly pivoting and cutting 8 to 9
Full return to sports 9

A Yale sports physical therapist can provide you with specific instructions for each step in the sequence.

**Progressive Resistance Exercise (PRE) Principle**

- To build muscle strength and size, the amount of resistance used must be gradually increased.
- The exercises should be specific to the target muscles.
- The amount of resistance should be measurable and gradually increased over a longer period of time.
- To avoid excess overload and injury, the weight or resistance must be gradually increased in increments of 5 to 10 %.
- Resistance can be increased gradually every 10 to 14 days when following a regular and adequate rest and muscle recovery between workout is necessary to maximize the benefit of the exercise.
- If the PRE principle is followed too strictly, the weights potentially will go higher and higher.
- At a certain point, the joints and muscles will become overloaded and injury will occur.
- This eventuality can be avoided by refraining from using excessive weight during strength training.

**Basic Knee Strengthening Program (Weeks 18 to 24 after surgery)**

- Frequency: 2 to 3 Times per week
- Sets: 3
- Repetitions per set: 10-15
- Emphasis is to build muscle strength using BOTH legs
- Progress according to the PRE principle

**Basic Program Exercises-**

- Leg Press
- Standing Hamstring Curl (limit knee flexion to 45 degrees) add 1 lb. a week to reach 5 lb.
- Wall Slides (hold dumbbells for resistance)
- Roman Chair (strengthens hamstrings)
- Chair Squat (hold dumbbells for resistance)
- Calf Raises
- Hip Abductor/Adductor machine
- Step Up/Down (see attachment for progression)

If you do not have access to gym equipment, the following exercises can be substituted using ankle weights (see illustrations and instructions attached):

- Straight leg raise
- Short-arc lift
- Side lying abduction
- Standing hamstring curl
- Toe raises

In general, the Basic Knee Strengthening Program is good for most people who are active recreationally, but who do not participate in running and jumping sports. For people who will participate in running and jumping sports, the following Advanced Knee Strengthening Program can be used to develop a higher level of knee strength.

**Advanced Knee Strengthening Program (Week 24 onward)**

- **Frequency**: 2 to 3 Times per week
- **Sets**: 3
- **Repetitions per set**: 10
- **Emphasis is to continue to build muscle strength using both legs and progress to**
Advanced Exercises using the Single leg.

- Advanced Single leg exercises are integrated with the exercises from the Basic Knee Strengthening Program (see attachment for progression of single leg drills).

The following single leg drills are integrated into the workout on a rotating basis:

- Step Up/Down
- Single Leg Wall Slide
- Single Leg Squat

So that the Advanced Knee Strengthening Program would be as follows:

- Leg Press
- Hamstring Curl Machine (limit knee flexion to 45 degrees) Do not increase weight more than ½ plate per week
- Wall Slides
- Roman Chair
- Chair Squat
Calf Raises
Step up/down
Alternate workouts with single leg wall slide and single leg squat
When starting the new single leg drills, start with 3 sets of 5, and add one repetition per set, per workout until you can do 3 sets of 10.
When 3 sets of 10 are easy and pain free, then you can hold dumbbells to increase resistance and strength.

DO NOT do any of the following exercises:
1. Knee extension weight lifting machine
2. Running
3. Jumping or plyometrics
4. Pivoting or cutting
5. Lunges
6. Stairmaster
7. Step exercises with impact

Return to Running Program

With the approval of the doctor and physical therapist, you can begin the Return to Running Program.

Jump and Plyometric training
With the approval of the doctor and physical therapist, you can begin the Jump and Plyometric Training Progression.

Speed and Agility Training
With the approval of the doctor and physical therapist, you can begin the Speed and Agility Progression.

Returning to Sports
You should discuss the timing of return to sports activities and brace use with your doctor.
Knee Exercises for Rehabilitation Protocols

The exercises illustrated and described in this document should be performed only after the advice or instruction of your physical therapist.

**Quadriceps setting** to maintain muscle tone in the thigh muscles and (extend) straighten the knee. Lie on your back or sit with the knee extended fully straight as in the figure. Tighten (contract) and hold the front thigh muscle (quadriceps) making the knee flat and straight. If done correctly, the kneecap will slide slightly upward toward the thigh muscle. The tightening action of the quadriceps muscles should make your knee straighten and be pushed flat against the bed or floor. Hold 5 seconds for each contraction. Do 20 repetitions three times a day.

**Patellar Mobilization** to prevent scar tissue from binding the kneecap. With the knee fully straightened, grasp the edges of your kneecap between your thumb and index finger. Move the kneecap side to side and up and down.

**Heel Slides with towel assist.** While sitting, use a towel or strap to assist in sliding your heel backward to bend the knee. Keep bending the knee until you feel a stretch in the front of the knee. Hold this bent position for five seconds and then slowly relieve the stretch and straighten the knee. While the knee is straight, you may repeat the quadriceps setting exercise. Do not use your Hamstring muscles to flex the knee, instead, use the effort of your arms on the towel to produce the bending movement.

**Sitting Heel Slides**
While sitting in a chair or over the edge of your bed, support the operated leg with the uninvolved leg. Lower the operated leg, with the unoperated leg controlling, allowing the knee to bend as far as you are comfortable. Hold five seconds and slowly relieve the stretch by lifting the foot upward, with the uninvolved leg, to the straight position (passive assist). Repeat exercise 20 times, three times a day.

**Heel Prop** to straighten (extend) the knee. Lie on your back with a rolled up towel under your heel or sit in a chair with the heel on a stool as shown. Let the knee relax into extension (straight). If the knee will not straighten fully, you can place a weight (2 to 5 pounds) on the thigh, just above the kneecap. Try to hold this position for 5 minutes, three times a day. While maintaining this extended position, practice quadriceps setting.

**Prone Hang** to straighten (extend) the knee. Lie face down across your bed so that the kneecap is just off the edge of the mattress. Let your leg drop down toward the floor so that your knee straightens fully. If the knee will not fully extend, then attach a weight around the ankle to help pull the leg down. Use an amount of weight as described above for the heel prop exercise. Try to hold this position for 5 minutes, three times a day.

**Ankle Pumps** to stimulate circulation in the leg. Move your foot in an up and down motion 30-40 times a minute.
Straight Leg Lift
The quality of the muscle contraction in this exercise is what counts the most, not just the ability to lift the leg!
1. Tighten the quadriceps (quadriceps setting) as much as you can, push the back of the knee against the floor.
2. Tighten this muscle harder!
3. Lift your heel 4 to 6 inches off the floor
4. Tighten the quadriceps harder again.
5. Lower your leg and heel back to the floor. Keep the quadriceps tight.
6. Tighten this muscle harder again.
7. Relax and repeat

If the knee bends when you attempt to lift the limb off of the bed, do not do this exercise. Keep trying to do the quadriceps setting exercise until you can lift the limb without letting the knee bend.

Short Arc Lift
With the knee bent over a rolled up towel or blanket, lift the foot so that the knee fully straightens. Hold the knee locked in extension for 5 seconds, then slowly lower. Repeat 20 times.

Hip Abduction
Lie on your uninjured side. Keep the knees fully extended. Raise the operated limb upward to a 45-degree angle as illustrated. Hold one second, and then lower slowly.

1/3 Knee Bends
Stand facing a table or desk with the feet about 1 foot apart. Lean forward at the hips and bend the knees as if starting to sit down. Lower the hips about 5 or 6 inches, pause 1 to 2 seconds and return to the full upright position.

Wall Slides
Stand upright with your back and buttocks touching a wall. Place the feet about 12 inches apart and about 8 inches from the wall. Slowly lower your hips by bending the knees and slide down the wall until the knees are flexed about 45 degrees (illustration). Pause five seconds and then slowly slide back up to the upright starting position. Do 3 sets of 10 to 15 repetitions.

Squat to Chair
In the chair squat exercise, you lower your buttocks toward the chair until your buttocks touch the chair. Do not sit or rest at the chair, but instead immediately and slowly return to the standing and starting position. Remember to keep your head over your feet and bend at the waist as you descend. After the first week, you may hold dumbbells while performing this exercise. Start with 3 to 5 pounds each hand. You may add 2 to 3 pounds per week until you reach 10 pounds in each hand.
Hamstring Stretch Perform this stretch in the position illustrated at the right. Bend slowly forward at the hips, keeping the knee fully extended until you feel gentle stretch in the back of your thigh and knee. Hold the stretch for 15 to 20 seconds and repeat 3 to 5 times.

Quadriceps Stretch
This stretch is performed in the position illustrated at the right. Lean gently backward as if bringing you heel toward the buttock. When a stretch is felt in the front of the thigh and knee, hold 15 to 20 seconds for 3 to 5 repetitions.

Calf/Achilles Stretch
In the position illustrated, keep the heel flat on the floor and the knee fully extended. Lean forward at the hips with the arms supporting your weight. When you feel a gentle stretch in the back of your calf and knee, hold for 15 to 20 seconds, 3 to 5 repetitions.

Standing Hamstring Curl
Stand facing the wall, using the wall for balance and support. While standing on the uninjured limb bend the knee of the operated side and raise the heel toward the buttock. Hold this flexed position for one second. Slowly lower the foot back to the floor. Keep the thighs aligned as illustrated.

Standing Toe Raises
Stand facing a wall, hands on the wall for support and balance. Keep the knees extended fully. Tighten the quadriceps to hold the knee fully straight. Raise up on ‘tip-toes’ while maintaining the knees in full extension. Hold for one second, then lower slowly to the starting position.
Weight Training Equipment

- Prone Hamstring Curl
- Seated Hamstring Curl
- Leg Press
- Knee Extension Machine
- Calf Raise Machine
- Hip Flexor Pulls
- Hip Abductor/Adductor Machine
- Roman Chair
Single Leg Strengthening Exercises

**Step Up- Down Exercise**
Place the foot of the operated limb on the stool. Maintain balance, if necessary, by holding onto the wall or chair (illustration). Standing *sideways* to the step, slowly step up onto the stool and slowly straighten the knee using the quadriceps muscles. Slowly lower the opposite foot to touch the floor. Do not land on the floor, just touch gently and repeat the step up.

**Single Leg Wall Slide Exercise**
Stand on the single leg with your back and buttocks touching a wall. Place the foot about 6 inches from the wall. Slowly lower your body by bending the knee and slide down the wall until the knee is flexed about 45 degree (illustration). Pause five seconds and then slowly slide back up to the upright starting position. Keep the hips level and be sure you are using your knee muscles to perform the exercise.

**Single Leg Squat Exercise**
In the single leg squat exercise, you stand on the single leg and then lower your buttocks toward the chair. Slowly return to the standing and starting position. Remember to keep your head over your feet and bend at the waist as you descend. You do not have to squat all the way to the chair, instead, try to stay in a comfortable range of motion where there is no knee pain. As you gain strength, try to do the exercise without holding on to anything.
Progression for Single Leg Strengthening

**Step Up-Down exercise**

Start with a step of 3 inches in height  
Start with 3 sets of 5 repetitions  
Add one repetition per set, per workout, until you can do  
3 sets of 10 (about 2 weeks)  
If pain free, progress to a step of 6 inches in height  
Repeat progression starting with 3 sets of 5 repetitions  
Add one repetition per set until you can do  
3 set of 10 (about 2 weeks)  
If pain free, progress to a step of 9 inches in height (the height of a standard stair)  
Repeat process of progression  
from 3 sets of 5, to 3 sets of 10 (about 2 weeks)

At this point, you can begin to add the single leg wall slide exercise. The strength workouts should be practiced 3 times a week (every other day).

**Single Leg Wall Slide**

Start with 3 sets of 5 repetitions  
Add one repetition per set, per workout, until you can do 3 sets of 10 (about 2 weeks minimum)  
At his point, you can begin to add the single leg squat exercise.  
The strength workouts should continue every other day at the most, with more time between workouts if the knee gets sore after a session. Continue doing the step-up exercise each workout. Alternate the workouts between the single leg wall slide and the single leg squat, e.g.,

Monday Single leg squat  
Wednesday Single leg wall slides  
Friday Single leg squat

**Single Leg Squat**

Start with 3 sets of 5 repetitions  
Add one repetition per set, per workout, until you can do 3 sets of 10 (about 2 weeks minimum).  
After working up to the point where you can do 3 sets of ten of all three drills, you can hold dumbbells to add resistance. Start with 3 pounds in each hand and add 1 to 2 pounds a week until you reach 10 pounds in each hand. As you get stronger and gain better control of you leg muscles, try not to hold onto anything for balance.  
When you return to sports or recreational activities, decrease the strength workouts to 2 times a week and do 1 set of 10 of each of the three drills only, as a maintenance workout.
Rehabilitation after PCL Reconstruction with Allograft

<table>
<thead>
<tr>
<th>Post-op Phase</th>
<th>Weight bearing status</th>
<th>Use of brace</th>
<th>Passive ROM and Active ROM</th>
<th>Strength training and proprioception exercises</th>
<th>Return to running and sports</th>
<th>Recommended Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase One</strong></td>
<td>PWB with crutches</td>
<td>Brace locked at 0°</td>
<td>Passive knee flexion 0-90°</td>
<td>Quad setting, SLRs</td>
<td>none</td>
<td>Protect against stress on reconstructed PCL</td>
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<tr>
<td>0-2 weeks</td>
<td></td>
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<tr>
<td><strong>Phase Two</strong></td>
<td>PWB with crutch(s)</td>
<td>Postoperative brace when ambulating ROM 0-90</td>
<td>CPM 10 hours /day Weeks 3 and 4 postop</td>
<td>Isometric Quad and knee extension, passive and assisted knee flexion, SAQ, straight leg raises, stationary bike</td>
<td>none</td>
<td>Avoid posterior stress including active hamstrings, Avoid pivoting and varus/valgus stresses</td>
</tr>
<tr>
<td>2 to 6 weeks</td>
<td></td>
<td></td>
<td>Full ROM @ 6 week</td>
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<tr>
<td><strong>Phase Three</strong></td>
<td>Full</td>
<td>Postoperative brace discontinued. Wean crutches per doctor.</td>
<td>Full Rom</td>
<td>Progressive ankle weight resistance, partial squats and wall slides 0-60, active knee flexion (assisted OK), no resistance to hamstrings</td>
<td>none</td>
<td>No stairmaster or Impact exercises Avoid pivoting and varus/valgus stresses No hamstring resistance. Limit OC and CC knee extension arc to 0-60.</td>
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<tr>
<td>6 to 12 weeks</td>
<td>No device</td>
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<tr>
<td><strong>Phase Four</strong></td>
<td>Full</td>
<td>Sports brace prescribed</td>
<td>No restrictions Active stretching all muscle groups</td>
<td>Continue closed-chain strengthening, Start single-leg progression Strength machines OK except hamstring machine</td>
<td>none</td>
<td>Avoid patellofemoral overload Limit OC and CC knee extension arc to 0-60. No hamstring resistance yet.</td>
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<tr>
<td>12 to 18 weeks</td>
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<tr>
<td><strong>Phase 5</strong></td>
<td>Full</td>
<td>Sports brace</td>
<td>No restrictions</td>
<td>No restrictions</td>
<td>Begin return-to-run progression</td>
<td>Limit resisted HS curls to 0-45 Continue to limit OC and CC resisted knee extension to 0-60</td>
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<td>18 weeks onward</td>
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</table>

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