



optimhealthcare

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ACL/PCL/PLC rehab protocol.

Phase 1 – 0-4 weeks

Goals:

- Pain, swelling and inflammation control – Ice, compression, and elevation.
- Restore patellar mobility
- SLR without extension lag
- Protect the repair

Exercises:

- Ankle pumps, quad sets, SLR (flex/abd/add of hip in brace)
- Muscle stim to quadriceps 4 hours per day during quad sets and SLR
- Patellar mobilizations 5-6 times daily.

Precautions:

- Brace locked in extension at all times, unlock with ROM restrictions. Motion in brace to protect PLC. Avoid any varus or ER stress to knee.
- NWB x 6 weeks, crutches
- No HS activity
- Limited ROM – focus on extension initially. No CPM.
 - 0-30 x 2 weeks
 - 0-60 x 1 week
 - 0-75 x 1 week

Phase 2 - 4-8 weeks

Goals:

- Progress ROM (0-90 by week 6)
- Advance WB. PWB weeks 6-8.
- Control pain, inflammation and swelling.
- Patellar and soft tissue mobility
- Protect the repair.

Exercises:

- Continue prior exercises.
- Initiate active knee extension 60-0
- Muscle stim
- Patellar mobilizations, quad sets, heel slides, calf stretches, start gait training.
- Stationary bike with no resistance (start half-circles and progress)



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Precautions:

- Brace locked in extension while weight bearing progression. Avoid any varus or ER stress to knee.
- No HS activity.
- No forced flexion.

Phase 3 – 8-12 weeks

Goals:

- Progress to FWB.
- Hip and core strength
- Progress ROM as tolerated
- Balance and proprioceptive activities.
- Start HS strengthening

Exercises:

- Continue previous
- Weight shifting
- Balance and proprioceptive training.
- Calf raises
- Mini squats
- Gait training (Alter G if available)
- Core (double and single leg bridges, planks, etc).
- Stationary bike
- Can start pool for gait mechanics, motion, etc if progressing well and following instructions

Precautions:

- Continue in brace. Can unlock brace if good quad control.

Phase 4 - 12-18 weeks

- Continue exercise program progression.
- Wean from brace. Can transition to ACL brace.
- Continue gait training, balance, and proprioception.



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- ROM as tolerated, no restrictions.
- Aquatic therapy.

Phase 5 – 18-36 weeks

- Progress running if has met all rehab goals. Start Alter-G running first if available. Needs at least 80% Quad strength compared to contralateral, HS >90%, proprioception 100%, functional hop test >75%
- Agility program
- Plyometrics
- Progress to sport specific activities.

Management of the Stiff Knee

- Patellar mobility
- Soft tissue mobilizations
- Scar mobility
- Focus on extension early due to flexion restrictions
- Progress flexion using wall slides, heel slides, CPM, dynamic splinting if needed
- Communicate issues with surgeon when identified.