



Indiana University Health

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## **PCL +/- Posterolateral Corner (PLC)**

*May also be used for isolated Posterolateral Corner PLC reconstruction*

### **General Post Op Instructions**

<b>Wound Care</b>	✓ Dressings can be removed 7 days after surgery, or they can be removed at the first physical therapy appointment
<b>Swelling</b>	→ Swelling and bruising are to be expected after a surgical procedure, this may extend into the foot and ankle
<b>Ice and Elevate</b>	✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling ✓ Do not place ice or cold back directly onto the skin ✓ Elevate the limb above the heart when able
<b>Showering</b>	→ Do not soak incisions in water until after stitches are removed → You may begin to shower after dressings are removed <ul style="list-style-type: none"> <li>○ Allow soapy water to run over the incision but do not scrub</li> <li>○ Dry before replacing the brace</li> </ul>
<b>Driving</b>	✓ Dr. Call does not release people to drive at a specific date or week post op ✓ It is unlawful to drive under the influence of opioid (strong pain) medications ✓ Must be able to safely apply the brakes before returning to drive ✓ Driving in a brace/sling/boot is not recommended ✓ May return when you are unimpaired by your injury or recovery post-operatively

### **Weight Bearing Restrictions and Brace Use**

PCL +/- PLC (posterolateral corner reconstruction)	
Week 1-2	✓ NWB ✓ Brace locked in extension
Weeks 3-6	✓ Flatfoot weight bearing (weight of leg only on the ground) ✓ Brace unlocked to patients active ROM
Week 7 +	✓ Progress to WBAT ✓ DC brace when able (patient has good functioning straight leg raise)



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### Immediate Post Operative Phase (up to week 4)

<b>Overall Goals</b>	<ul style="list-style-type: none"> <li>✓ Reduce effusion and swelling</li> <li>✓ Protect repair (avoid posterior tibia translation and tibia rotation)</li> <li>✓ Restore range of motion</li> </ul>
<b>Cautions</b>	<ul style="list-style-type: none"> <li>→ Avoid hamstring exercises</li> <li>→ Avoid passive hyperextension (patient can perform active extension)</li> <li>→ No active knee flexion</li> <li>→ No hip abduction SLR for 8 weeks (avoids stress on the posterolateral corner/LCL)</li> </ul>
<b>Range of Motion</b>	<ul style="list-style-type: none"> <li>✓ Weeks 0-2: zero degrees</li> <li>✓ Weeks 2-4: 0-90 degrees</li> <li>✓ Can be done in the prone or side lying position to prevent posterior tibia translation</li> <li>✓ AROM for extension and PROM flexion</li> <li>✓ Please instruct patient and family how to perform PROM daily</li> </ul>
<b>Therapeutic Suggestions</b>	<ul style="list-style-type: none"> <li>→ Patella mobilizations</li> <li>→ Quad sets performed with the knee supported within the patient's available ROM</li> <li>→ Supine SLR flexion in the brace performed with the knee supported – instruct the patient to emphasize a quad set with maximum knee extension as they raise the leg</li> <li>→ Ankle pumps</li> <li>→ Advance to seated soleus raises as ROM approaches 90 degrees</li> <li>→ Can use e-stim for quads</li> </ul>
<b>Progression Ready to Next Phase</b>	<ul style="list-style-type: none"> <li>✓ Tolerating therapy</li> <li>✓ Knee effusion and swelling improving</li> </ul> <p><i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i></p>

### Intermediate Rehabilitation Phase (Weeks 5 – 8)

<b>Overall Goals</b>	<ul style="list-style-type: none"> <li>✓ Achieve full ROM</li> <li>✓ Initiate strengthening</li> <li>✓ Transition to walking with appropriate gait</li> </ul>
<b>Cautions</b>	<ul style="list-style-type: none"> <li>→ Avoid hamstring exercises until week 6</li> <li>→ No resisted knee flexion</li> <li>→ No hip abduction SLR for 8 weeks post op (avoids stress on the posterolateral corner/LCL)</li> <li>→ No TKE's to avoid posterolateral shift</li> </ul>
<b>Range of Motion</b>	<ul style="list-style-type: none"> <li>✓ Weeks 5 and 6: progress past 90 degrees</li> <li>✓ Week 7+: progress to full ROM</li> </ul>



<b>Therapeutic Suggestions</b>	<ul style="list-style-type: none"> <li>→ Add multi-angle quadriceps isometrics as ROM approaches 90 degrees and beyond</li> <li>→ Standing hip flexion and extension T-band or cable column exercises</li> <li>→ Brace unlocked to patients available ROM</li> <li>→ Seated calf raises</li> <li>→ WBAT with bilateral crutches and a fully opened brace if the patient's ROM is within 10 degrees of full extension; wean off crutches when able</li> <li>→ PROM for knee extension to achieve the last 10 degrees</li> <li>→ Gait training should emphasize full knee extension with a quad contraction</li> <li>→ Avoid varus thrust with walking and exercise to prevent stretching out of the reconstructed posterolateral corner structures</li> <li>→ Stationary bicycle spinning</li> <li>→ Low-level proprioception exercises</li> <li>→ Leg Press</li> <li>→ Brace can be discontinued by week 8 with normal ambulation</li> </ul>
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<b>Progression Ready to Next Phase</b>	<ul style="list-style-type: none"> <li>✓ Progressing weight bearing (even with crutches)</li> <li>✓ Progressing ROM</li> </ul>
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### Advance Strengthening Phase (Weeks 9 – 12)

<b>Overall Goals</b>	<ul style="list-style-type: none"> <li>✓ Progress strengthening</li> <li>✓ Encourage appropriate gait mechanics</li> <li>✓ Preserve motion</li> </ul>
<b>Cautions</b>	<ul style="list-style-type: none"> <li>→ Encourage home exercises</li> </ul>
<b>Range of Motion</b>	<ul style="list-style-type: none"> <li>✓ Maintain full ROM</li> </ul>
<b>Therapeutic Suggestions</b>	<ul style="list-style-type: none"> <li>→ Continue prior exercises</li> <li>→ Rehab to emphasize quad strengthening, achieving full ROM, and correcting any gait deviations</li> <li>→ Add hip abduction SLR at 8 weeks if hip weakness is present</li> <li>→ Light cuff weighted standing or seated leg curls</li> <li>→ Add elliptical</li> <li>→ Nautilus Isotonic machines</li> <li>→ Isokinetics for quad and hamstring strengthening</li> <li>→ Walk or chair squats keeping good form</li> <li>→ Advanced proprioception exercises</li> </ul>
<b>Progression Ready to Next Phase</b>	<ul style="list-style-type: none"> <li>✓ Strength improving</li> <li>✓ Range of motion goals met</li> <li>✓ Mobilizing well</li> </ul>



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### **Late Rehabilitation and Strengthening Phase (Week 13 – 24+)**

<b>Overall Goals</b>	✓ Progress day to day functional activities
<b>Cautions</b>	→ Encourage home exercises
<b>Range of Motion</b>	✓ Maintain full ROM
<b>Therapeutic Suggestions</b>	<ul style="list-style-type: none"><li>→ Continue quad, hamstring, hip strengthening</li><li>→ Supervised lateral movements</li><li>→ Assess jogging ability and progress on treadmill (no sooner than month 4 post op)</li><li>→ Progress from low level to high level plyometric program</li><li>→ May incorporate core exercises</li><li>→ Begin open chain exercises</li><li>→ Return to running program:<ul style="list-style-type: none"><li>○ Start with a slow jog, progressing to running, retro running, turning, lateral, and cutting drills over an 8 to 10 week period</li></ul></li></ul>
<b>Return to Sports</b>	<ul style="list-style-type: none"><li>✓ <b>12 months post op</b></li><li>✓ Isokinetic test: 85% quad/hamstring</li><li>✓ Complete sport specific drills</li></ul>