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Non-operative Posterior Cruciate Ligament Guideline

Individual patient circumstances may affect the guideline (tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	 Protect PCL Decrease pain and inflammation PROM to 125 degrees Normalized gait No extensor lag with SLR 	 ROM: 0-2 weeks 0-90° 2-6 weeks to tolerance Avoid hyperextension Partial WB first 2 weeks Wear PCL brace at all times 	 PRICE Cryotherapy: 5-7 times per day Compression with TubiGrip/TEDS ROM: passive in prone first 2 weeks Progress to as tolerated Quadriceps activation Quad sets, SLR, NMES Re-ed, multi-angle quad isometrics Closed-chain strengthening 0-45° Hip and core strengthening Aquatics, if applicable
Weeks 6-12	 Protect PCL Full knee ROM Improve LE strength 	 Progress to WBAT (wean crutches) Avoid hyperextension or posterior tibial translation Avoid isolated hamstring strengthening Limit CKC to 0-70° PCL brace worn at all times 	 ROM: as tolerated Progress gait during crutch weaning Initiate closed-chained strengthening at 0-70° (leg press, squat, hamstring bridges on ball, etc.) Core stabilization exercises Proprioceptive exercises Optional therapies: anti-gravity treadmill
Weeks 12-18+	 Full knee ROM Knee extensor strength ≥ 90% LSI LSI ≥ 90% with return to play testing Initiate return to running program Initiate movement progression 	 May discontinue PCL brace May initiate isolated hamstring strengthening Discuss return to sport with physician once criteria are met 	 ROM: as tolerated Progress hypertrophy and strength training through full ROM Initiate return to run program Initiate plyometric and agility training Begin sport-specific training Gradual RTS progression if passed criteria

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.