

PCL REHAB PROTOCOL

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Patient_____

D.O.S._____

	WEEK 1 Begins DOS	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	MONTH 3	
Weight Bearing	NWB \longrightarrow			25%	50%	75%	75%	100%	100%	
Brace Settings	10/10	10/10	10/10	10/10	10/70	20/70	20/90	20/130	d/c week 12	
PROM GOALS	0-30	0-50	0-50	0-60	0-70	0-80	0-90	FULL	FULL	
AROM GOALS	NONE	0-30 EXTENSION ONLY		0-60	0-70	0-80	0-90	FULL	FULL	
PT visits/week	NONE	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	
SHOWER	WITH BRACE			WITHOUT BRACE		SLEEP WITHOUT BRACE				
EXERCISES *follow all weight-bearing & ROM precautions*	QUAD SETS SLR's with brace without brace PATELLAR MOBS UBE MULTI-HIP ISOTONICS (NO HIP EXTENSION) SHORT ARC QUADS (0-30) *Active extension limited to 0-30 until MONTH 4* \longrightarrow Add CKC per WB guidelines									
	MONTH 4			MONTH 5			MONTH 6			BAPS per WB guidelines
	PT VISITS 1-3 X WEEK			MONTH 7 QUAD EXT 0-80			MONTH 8 QUAD EXT 0-90			SOLEUS
	QUAD EXT 0-70			MONTH 9 QUAD EXT 0-100			HEEL RAISES			TOTAL GYM-PARTIAL SQUATS per WB guidelines
	NORDIC TRACK			NOTE: *PT visits/wk may vary. *Individual exercise progression may vary. *FOLLOW MD's INSTRUCTIONS.			LEG PRESS (both legs) \longrightarrow (single leg)			STATIONARY BIKE
	ROWING						TREADMILL WALKING			
	OUTDOOR CYCLING Level ground hills okay						SPORT CORD			
	STAIRMASTER			HAM CURLS			LAT. AGILITY			
	ROLLERBLADING			PLYOMETRICS			LAT. STEP-UPS			
	GOLF no spikes with spikes									

RETURN TO SPORTS at MONTH 12 with derotational brace. MUST have full ROM, quad & ham strength, and no swelling.

Reviewed April 2020

ANY QUESTIONS? PLEASE CONTACT: NORTHWOODS THERAPY ASSOCIATES Altoona, WI 715-839-9266
Chippewa Falls, WI 715-723-5060