BaylorScott&White
ORTHOPEDIC ASSOCIATES OF DALLAS
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Combined ACL and PCL Reconstruction

REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	BRACE / WEIGHT BEARING	THERAPEUTIC EXERCISE
Phase I **0–6 weeks** GOAL TO ADVANCE *Flexion 0-90°; leg raise without lag*	Passive 0-90°, done lying face down*; full extension, no hyperextension. No pillow under the knee	Brace locked straight for walking and sleep. Toe-touch (20%) weight bearing with crutches	Quad sets with e-stim, straight-leg raises (calf supported), hip and core strengthening, short-crank bike. NO active hamstring or knee-bending exercises*
Phase II **7–12 weeks** GOAL TO ADVANCE *Flexion 0-130°; normal gait; quad ≥70%*	Progress to 0-130° by 12 weeks	Partial weight bearing → as tolerated once gait is normal; unlock brace with good quad control; functional/PCL brace per surgeon	Leg press and squats 0-60°, terminal knee extension, step-ups 6-8", Romanian deadlift, heel raises, balance; upright bike. No resisted hamstring curls; no pivoting
Phase III **3–6 months** GOAL TO ADVANCE *Full motion; squat to 90°; pain-free step-down*	Full	Full; functional brace per surgeon	Single-leg strength, step-down program, elliptical; light hamstring work after 4 months; running and double-leg plyometrics after a pain-free 8" step-down
Phase IV **6–9 months** GOAL TO ADVANCE *Strength ≥85-90% of other side*	Full	Functional brace for sport	Plyometrics (double → single leg), agility (straight → side-to-side), sport-specific training
Phase V **9–12+ months** GOAL TO ADVANCE *Return-to-sport testing passed*	Full without discomfort	—	Cutting and pivoting; return to sport at 9-12+ months**

NOTES

*Gravity and hamstring contraction pull the shin backward and stretch the PCL graft

**If approved by physician

This protocol is a guideline. Your surgeon may adjust it based on your surgery and progress.
Call the office for fever, wound drainage, calf pain or swelling, or new numbness or tingling.

Questions: 469.800.7200
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