



Jordan M. Meiss, MD

PCL Injury: Non-Operative

This information and protocol is a guideline, individual variations and changes will apply

**PHASE I (WEEKS 0-3)
MAXIMAL PROTECTION PHASE**

GOALS:

- Decrease pain and inflammation
- Early protected ROM
- Prevent quadriceps atrophy
- Patient education

PRECAUTIONS:

- Crutches (PRN): WBAT
- Hinge knee brace:
 - Week 1: 0-60°
 - Week 2: 0-90°
 - Week 3: 0-115°
- Avoid active knee flexion

TREATMENT RECOMMENDATIONS:

- Range of Motion: limits as above
- Strengthening: Emphasize quads (SLR, knee extensions 0-60°, mini-squats 0-50°, leg press 30-90°)
- Bicycle beginning week 2
- Modalities: PRN
- HEP

MINIMUM CRITERIA FOR ADVANCEMENT:

- No increased instability
- No increased swelling
- Minimal tenderness
- PROM at least 0-115°

**PHASE II (WEEKS 4-6)
MODERATE PROTECTION PHASE**

GOALS:

- ROM 0-125°
- Discontinue brace

PRECAUTIONS:

- Avoid active knee flexion

TREATMENT RECOMMENDATIONS:

- ROM 0-125°
- Continue and advance strengthening.
- Proprioception training
- Endurance work
- Pool running/Alter-G progress to full



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Adhesive Capsulitis (Frozen Shoulder)

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- Progress to agility drills when appropriate
- HEP

MINIMUM CRITERIA FOR ADVANCEMENT:

- No instability
- No swelling
- Full painless ROM

PHASE III (WEEKS 7-12)

MINIMAL PROTECTION PHASE

GOALS:

- Full strength and ROM
- Gradual increase to full activity level

PRECAUTIONS:

- None

TREATMENT RECOMMENDATIONS:

- Continue flexibility, strengthening, proprioception training
- Initiate sport/activity specific activity drills
- Gradual return to sport/activities
- HEP for maintenance

MINIMUM CRITERIA FOR ADVANCEMENT:

- Full ROM
- No effusion
- No change in laxity
- Isokinetic strength >85% contralateral side
- Satisfactory proprioception