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Physical Therapy Prescription PCL Insufficiency

Patient Name: _____

Date: _____

Dx: (LEFT/RIGHT) KNEE PCL INSUFFICIENCY

___ **NON-OP**

___ **PRE-OP**

RECOVERY / RECUPERATION (Estimated 2-4 weeks post injury)

- ___ Restore ROM
- ___ Hip Strengthening – Focus posterior chain
- ___ Closed Chain strengthening
 - ___ Leg Press
 - ___ Squats 0°-90°
 - ___ Step ups, Step downs
 - ___ Treadmill – retro walking with resistance
 - ___ Stair climber
- ___ No Open Chain Knee Flexion
- ___ Emphasis on Quadriceps strengthening
- ___ Careful Monitoring of Patellofemoral Symptoms
- ___ Open Chain Hip Extension 0°-45°. Must maintain level pelvis
- ___ Modalities as needed for pain control

LIMITED RETURN TO SPORTS PHASE (Estimated 4-8 weeks post injury)

- ___ Progress endurance activities and strength
- ___ Begin agility exercises in single plane
- ___ Begin running program, straight line only
- ___ Stairmaster, Versiclimber, etc.
- ___ Continue with Quadriceps Isometrics, Isotonics, Eccentrics – full arc
- ___ Isokinetic test if available at 180 and 300 degrees per second
- ___ Limited return to sports

FULL RETURN TO SPORTS PHASE (Estimated 6-12 weeks post injury)

- ___ Begin aggressive functional exercises with multiplanar movements
- ___ Progress running program to sprinting, long deceleration
- ___ Continue / progress agility exercises
- ___ Stress activities that demand neuromuscular control over knee and lower extremities
- ___ Plyometrics
- ___ Olympic lifting and triple extension exercises

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**