

# Posterior cruciate ligament reconstruction

## Introduction

The following advice is for all patients undergoing a posterior cruciate ligament (PCL) reconstruction.

On the day of the operation you will return to the ward with a cotton wool, a crepe bandage and a splint on your knee. The splint is to remain in place at all times except when loosened to apply ice or to inspect the wound.

## Day 1

If your knee is very swollen, your therapist will provide you with an ice pack. This should be kept on for no longer than 10 minutes as any longer than this and the swelling will become worse.

Once home a small bag of frozen peas or sweetcorn or a gel pack can be used. It must be wrapped in a damp tea towel or towel to prevent an ice burn and again kept on for no longer than 10 minutes. Allow at least 20 minutes between applications.

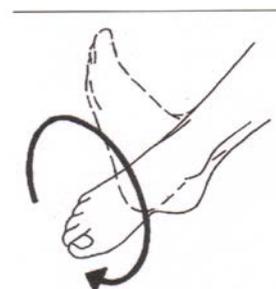
## Exercises

### 1) Circulatory exercises

- Point and bend your ankles.
- Circle your ankles in both directions.
- Do twenty of each exercise every hour.



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### 2) Patella mobilisations

- Your physiotherapist will show you how to move your knee cap (patella) to prevent it becoming stiff.

### 3) Static quads (within splint)

- Push your knee down into the splint as hard as you can by tightening the muscles on the front of your thigh.
- Hold for 10 seconds, repeat 10 times.



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4) Straight leg raise (within splint)

- With your knee braced back into the splint lift your leg 6 inches off the bed.
- Hold for 10 seconds.
- Relax gently down onto the bed.
- Repeat 10 times.



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Only do this exercise once you have your MEDI PCL brace (fitted at one week post-op)

5) Knee flexion

- With the foot in contact with the bed, slide the foot towards you.
- Bend the knee as far as the brace will allow you to.
- Gently straighten the knee, repeat 10 times.



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Mobilising

You will be encouraged to mobilise as soon as possible following surgery, depending on your pain levels.

You will be given and taught the correct use of elbow crutches. How much weight you will be allowed to put through your leg will be determined by your surgeon and your physio will explain this to you. Initially this will be toe-touch weight bearing only, progressing to partial weight bearing when advised to do so by your out-patient physiotherapist.

Discharge criteria

- Independently mobile with crutches on the flat and on stairs.
- Straight leg raise in splint.
- Understands home exercise program.
- An outpatient physiotherapy referral will be sent to your local outpatient department and they will contact you with an appointment.

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If you have any queries about your outpatient physiotherapy please contact the Outpatient Physiotherapy Department on: 0118 322 7811.

This document can be made available in other languages and formats upon request.

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