

PCL RECONSTRUCTION

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	Arthroscopic PCL reconstruction with a donor tendon (allograft), through several small incisions
HOW LONG	About 1–2 hours . Longer if posterolateral corner or other ligament work is needed
ANESTHESIA	General anesthesia, with a saphenous nerve block for pain after surgery
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. You go home the same day
AFTER SURGERY	Brace locked straight and crutches, no weight on the leg for 6 weeks . PA visit at 2 weeks . Clinic visit around 4–6 weeks
PHYSICAL THERAPY	Starts 5–7 days after surgery, 2 times a week . Schedule it before surgery

Do these now, before surgery

- **Schedule physical therapy** for 5–7 days after surgery. You will get the referral at your pre-op visit.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Get your handicap placard** at a DMV office, using the application from your clinic visit, so you do not have to deal with it while recovering.
- **Get fitted for an ice machine** and stock up on bags of ice.

About Your Injury

The posterior cruciate ligament (PCL) is the strongest ligament in the knee. It sits at the back of the joint and connects your thigh bone (femur) to your shin bone (tibia). It keeps your shin from sliding backward. The PCL works with the ACL to control the back-and-forth motion of your knee.

PCL injuries are most often caused by a direct blow to the front of the bent knee (such as a dashboard injury in a car accident), a fall onto a bent knee, or hyperextension. Football, soccer, and skiing can also cause PCL tears.

Many Grade I and II PCL tears heal with bracing and physical therapy. Surgery is recommended for complete tears with ongoing instability, failed non-surgical treatment, or multi-ligament injuries.

Why surgery: without reconstruction, the knee may feel unstable, and the risk of further damage to the cartilage and other structures increases over time.

About Your Surgery

PCL reconstruction is done arthroscopically through several small incisions. A **donor tendon (allograft)** replaces your torn PCL and is placed through tunnels drilled in the bone.

Over time, the graft heals into the bone and develops its own blood supply, working like your original ligament. PCL recovery is slower than ACL recovery. **This is a marathon, not a sprint.** Patience and consistency with your rehabilitation are the keys to a successful outcome.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, graft failure, and posterior instability. We will work together to lower these risks and make your recovery as smooth as possible.

Learn more and watch the videos

My website covers PCL injuries, reconstruction, and the recovery timeline in more detail. merrittsurgery.com/surgeries/pcl-injuries



Scan to learn more
and watch videos

The Day of Surgery

What to expect, step by step.

- 1 A couple of days before**
The nursing staff will call to confirm your check-in time and when to stop eating and drinking.
- 2 Check in**
Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.
- 3 Meet the team**
I will meet with you to review the plan, and the anesthesia team will explain their approach.
- 4 Surgery**
When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).
- 5 Recovery room and going home**
You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

Pain, swelling, and limited motion are normal after surgery and improve over time. You will be in a brace **locked fully straight, 24 hours a day** in the early phase, and will use crutches. You will be **strictly non-weight bearing for the first 6 weeks**.

Gravity is the enemy of your PCL graft. When you lie on your back, gravity pulls your shin bone backward and stresses the new graft. So all early bending exercises are done **face-down (prone)**. Your physical

therapist will teach you the correct positions. **No isolated hamstring exercises for 12 weeks:** the hamstring is the main muscle that pulls the shin backward and loads the graft.

Kneecap exercises (patellar mobilization) start on day 1. The long time in the brace can make the kneecap stiff, and daily mobilization prevents this. PCL rehab is the slowest of all knee ligament reconstructions, so **patience and consistency are essential.**

When	What to expect
Weeks 1–4	PA visit at 2 weeks. Strict non-weight bearing with crutches. Brace locked straight at all times. All bending done face-down to protect the graft, working toward about 90° by 4 weeks. Quad sets and kneecap mobilization start right away. PT 2× a week.
Weeks 4–6	Strict non-weight bearing continues through week 6, with the brace locked straight. Continue face-down bending. Clinic visit to check your progress and incisions.
Weeks 6–12	Weight bearing progresses, with full weight by weeks 8–10 . Brace continues through week 12 for walking and activity. Stationary bike and closed-chain strengthening begin. Motion progresses toward full.
Months 3–6	Brace weaned at the 12-week surgeon visit. Hamstring strengthening begins gradually at week 12. Pool jogging and swimming (no breaststroke). Progressive strengthening and two-leg plyometrics.
Months 6–9	A structured return-to-running program begins when strength criteria are met. Single-leg plyometrics and agility drills progress. Sport-specific conditioning advances.
Months 9–12+	Return to cutting, pivoting, and contact sports no sooner than 12 months after surgery. Formal return-to-sport evaluation with strength and hop testing. Surgeon clearance is required.

Driving

- **Right leg:** not until you are off crutches, out of the brace, off narcotic pain medicine, and able to brake hard. Usually **12 weeks or later**. This is later than after other knee surgeries because of the no-weight period and the brace.
- **Left leg:** typically 2–4 weeks, once you are off narcotic pain medicine.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

Physical therapy before surgery (prehab)

Surgery is recommended only after your knee has recovered from the initial injury. In most cases we recommend physical therapy before surgery to decrease swelling, activate the quadriceps muscle, and restore range of motion. Working on these things before surgery leads to a faster and better recovery.

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

Get your home ready

- Remove throw rugs or obstacles that might catch a crutch and cause a fall.
- Have clean sheets and comfortable clothes ready.
- Stock the refrigerator with healthy food, and buy bags of ice for the ice machine.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Physical therapy scheduled for 5–7 days after surgery
- ☐ Bring your brace (you will be fitted at your pre-operative visit)
- ☐ Wear comfortable clothes that fit over a brace (sweatpants work well)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ Ice machine and bags of ice ready at home for when you return
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055