ANDREW L. MERRITT, MD
ORTHOPEDIC SURGERY | SPORTS MEDICINE

Proliance Orthopedic Associates
Renton | Covington | Maple Valley | Lakeland Hills
Ph: 425.656.5060 Fax: 425.656.5047

PCL Reconstruction — Pre-Operative Information

About Your Injury

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

PCL injuries are most commonly caused by a direct blow to the front of the knee with the knee bent — such as a dashboard injury in a car accident — a fall directly onto a bent knee, or hyperextension. Sports such as football, soccer, and skiing can also cause PCL tears.

Many Grade I and II PCL tears heal without surgery using bracing and physical therapy. However, **surgery is recommended for complete tears with ongoing instability, failed conservative treatment, or multi-ligament injuries.** Without reconstruction, the knee may feel unstable and the risk of further damage to the cartilage and other structures increases over time.

PCL reconstruction uses donor tissue (allograft/cadaver tendon) to rebuild the ligament. It is important to understand that **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.

Learn more at merrittsurgery.com or youtube.com @merrittsurgery

About Your Surgery

PCL reconstruction is performed arthroscopically through several small incisions. A donor tendon (allograft) is used to replace your torn PCL and is positioned through tunnels drilled in the bone. Over time, the graft heals into the bone and develops its own blood supply, functioning like your original ligament.

Surgery typically takes about 1–2 hours. If additional ligament work is needed (such as posterolateral corner repair or other ligament reconstruction), surgery may take longer. This is an outpatient surgery performed at the Proliance Surgery Center at Valley (PSCV). You will go home the same day.

Risks of surgery include stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, graft failure, and posterior instability. We will work together to optimize your recovery and minimize these risks.

What happens on the day of surgery: A couple of days before surgery, the nursing staff will call you to confirm your check-in time and when to stop eating and drinking. On the day of surgery, check in at the front desk at your assigned time. You will go to the pre-op area with your family where our nurses will help you get changed, start an IV, and review your health history. You will meet with me to review the plan, and the anesthesia team will explain their approach. 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 medications at the pharmacy next to the surgery center. If you are under 18, one family member must stay at the surgery center during the entire surgery. In the recovery room, you will be monitored until you are awake, have some crackers and juice, and be made comfortable. Once ready, you will change into your clothes and be wheeled to your car. **You will need someone to drive you home and stay with you for the first 24 hours.**

After Surgery — What to Expect

After surgery it is normal to experience pain, swelling, and limited motion. These are expected and will improve over time. You will be in a brace locked in full extension and will use crutches.

Critical concept: Gravity is the enemy of your PCL graft. When lying on your back, gravity pulls your shin bone backward and stresses the new graft. **All early range of motion exercises are performed face-down (prone) to protect your graft.** Your physical therapist will teach you the correct positions.

You will be **strictly non-weight bearing for the first 4–6 weeks** with crutches. The brace stays locked in full extension 24 hours per day during the early phase. **No isolated hamstring exercises for 12 weeks** — hamstring contraction is the primary force that pulls the shin backward and loads the graft.

Patellar mobilization (kneecap exercises) begins on Day 1. Because of prolonged bracing, the kneecap can become stiff — daily mobilization prevents this and is a critical part of early recovery.

Physical therapy should start within the first week after surgery, typically 2–3 times per week initially. You will receive a PT referral at your pre-operative clinic visit. Please schedule your first PT appointment before your surgery date.

PCL rehabilitation is the slowest of all knee ligament reconstructions. Patience and consistency are essential. The timeline below answers the most common questions about recovery.

Timeframe	What to Expect
Weeks 1–4	Strict non-weight bearing with crutches. Brace locked in full extension at all times. All range of motion done face-down (prone) to protect the graft. Quad sets and kneecap mobilization begin immediately. PT 2–3x/week.
Weeks 4–6	Touch-toe weight bearing begins with brace locked in extension. Continue prone range of motion — progress toward 90° bending. Clinic visit to assess progress and check incisions.
Weeks 6–12	Progressive weight bearing — full weight bearing by Weeks 8–10. Brace continues through Week 12 for walking and activity. Stationary bike and closed-chain strengthening begin. Range of motion progresses toward full.
Months 3–6	Brace weaned at 12-week surgeon visit. Hamstring strengthening begins gradually at Week 12. Pool jogging and swimming (no breaststroke). Progressive strengthening and bilateral plyometrics.
Months 6–9	Structured return-to-running program begins when strength criteria are met. Single-leg plyometrics and agility drills progress. Sport-specific conditioning advances.

9–12+ months	Return to cutting, pivoting, and contact sports — minimum 12 months post-operative. Formal return-to-sport evaluation including strength and hop testing. Surgeon clearance required.

Driving: If surgery was on your right leg, typically 6–8 weeks. If your left leg, typically 4–6 weeks. The longer timeline compared to other knee surgeries reflects the strict non-weight bearing period. You must be off narcotic pain medications before driving.

Preparing for Surgery

Pre-surgical physical therapy (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 afterward.

Nutrition: A good diet with increased protein and collagen supplementation helps speed your recovery and prevent muscle weakness after surgery. Vitamin C can help with inflammation and stiffness. Start these before surgery and continue through your recovery.

Ice Machine — My #1 Recovery Recommendation

I highly recommend purchasing an ice machine to help your recovery. An ice machine is the single best investment you can make — it allows for continuous icing without the risk of frostbite and is far easier than using 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 go through a bag a day when used regularly.

Prepare your home: Remove throw rugs or obstacles that might catch a crutch and cause a fall. Make sure you have clean sheets and comfortable clothes ready. Stock the refrigerator with healthy food and buy bags of ice for the ice machine.

Handicap placard: You will be given a handicap parking pass application at your clinic visit. Get this at a DMV office before your surgery so you do not have to deal with it while recovering.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow instructions on when to stop eating and drinking
- ☐ Schedule Physical Therapy for 5–7 days after surgery (do this before 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 or leave jewelry at home
- ☐ Have the ice machine and bags of ice ready at home for when you return

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
Surgery Center Address:	4009 Talbot Rd S, Ste 200, Renton, WA 98055