



Grade III Complete Tear of the Posterior Cruciate Ligament (acute)

ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

www.rcmclinic.com

Thomas D. Rosenberg MD
Vernon J. Cooley MD

DIAGNOSIS: Your **diagnosis** is a complete (Grade III) tear of the posterior cruciate ligament (PCL).

INJURY or CONDITION: This **injury** is a total disruption of the largest stabilizing ligament in the knee. The posterior cruciate ligament is located centrally within the knee, behind the kneecap, making it difficult for the patient to localize the injury. This ligament passes just behind the anterior cruciate ligament.

CAUSE: The most common **cause** is a direct blow to the anterior tibia (front of the shin bone) with the knee flexed. It may also happen when the knee is hyperextended. The injury typically occurs in motor vehicle accidents or contact sports.

SYMPTOMS: Typical **symptoms** are swelling and evidence of bleeding or tenderness over the back of the knee. Pain may be minimal initially. There may be a feeling of instability, but there are rarely any episodes of the knee giving way unlike grade III ACL tear.

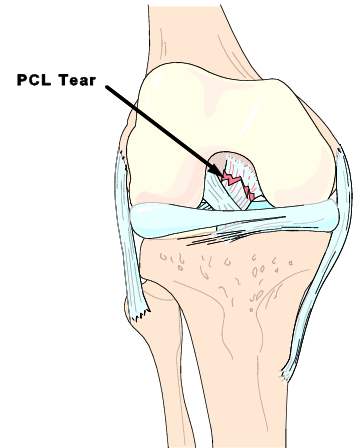
TREATMENT: Our standard **treatment** should include:

1. Ice, elevation and compression to control swelling.
2. Walking (weight-bearing) is initiated as soon as possible.
3. Knee straightening (extension) and bending (flexion) are encouraged. Pool therapy is helpful.
4. Stationary cycling is initiated as soon as adequate motion is achieved.
5. Quadriceps strengthening exercises are started, such as standing squats with toe raises and leg press.
6. Hamstring exercise may be modified for 6 months.
7. Surgery is avoided in most cases unless other major ligaments are disrupted.

PRECAUTIONS: Important **precautions:**

1. Do not participate in aggressive sports until you have regained good quadriceps function and the swelling is gone.
2. Be sure you understand your rehabilitation thoroughly. This is essential for an optimal recovery from this injury.
3. Running and proprioceptive (agility) training must precede sports activity.
4. Preserve a healthy kneecap (patella); nutritional supplements including glucosamine and chondroitin may be helpful.

RECOVERY: Expected **recovery** usually occurs in about three months at which time swelling may be resolved and strength recovered. A full return to active sports is usually possible. If PCL reconstruction is needed, full recovery may take 9-12 months.



Front (anterior) view,
Knee bent, (flexed) at 45
(kneecap not shown)

