MEDIAL COLLATERAL LIGAMENT (MCL) REPAIR / RECONSTRUCTION
Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

_____ **Evaluate and Treat**

_____ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

_____ **Weeks 1-2:**

- Ankle pumps every hour.
- Post -op brace to maintain full extension.
- Quad sets & SLR (Brace on) with no lag.
- TTWB with crutches.
- Ice or Cryocuff Unit on knee for 20-30 minutes every hour.
- Passive ROM exercises: Limits: 0 to 40°.
- NO Hip adductor strengthening.

_____ **Weeks 3-4 (ROM 0-75 deg, TTWB):**

- Supervised PT 2- 3 times a week (may need to adjust based on insurance).
- Continue SLR's in brace with foot straight up, quad isometric sets, ankle pumps.
- No weight bearing with knee in flexed position, TTWB with brace locked in full extension.
- Patellar mobilization exercises.
- Brace locked in full extension for ambulation and sleeping, and may unlock for sitting with limit 0-75°.
- May not remove brace for HEP.
- NO Hip adductor strengthening.

_____ **Week 5 (ROM as tolerated, TTWB):**

- Continue with above exercises/ice treatments.
- Advance ROM as tolerated with no limits with brace on.
- Stationary bike for range of motion (short crank or high seat, no resistance) Ok to remove brace for bike here.
- No weight bearing with knee in flexed position, continue TTWB with brace locked in full extension.
- Perform scar message aggressively.
- Progressive SLR program for quad strength with brace on - start with 1 lb, progress 1 -2 lbs per week.
- Hamstring and hip PREs.
- Seated leg extension (90 to 40°) against gravity with no weight.
- NO side lying Hip adductor strengthening.

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_____ **Week 6 (TTWB):**

- Continue all exercises.
- No weight bearing with knee in flexed position, TTWB with brace locked in full extension.
- Flexion exercises seated AAROM.
- AAROM (using good leg to assist) exercises (4-5x/ day) with brace on.
- Continue ROM stretching and overpressure into extension.
- SLR's - with brace on.
- NO side lying Hip adductor strengthening.
- Leg press 0-70 arc of motion.

_____ **Week 7 (WBAT):**

- Continue above exercises.
- Start WBAT with brace on in full extension and D/C crutches when stable.
- Hamstring and calf stretching.
- Self ROM 4-5x/day using other leg to provide ROM.
- Advance ROM as tolerated - no limits, may remove brace for ROM.
- Regular stationary bike if Flexion > 115.
- Heel raises with brace on.
- Hip strengthening No side lying hip adduction.,

_____ **Week 8:**

- Continue above exercises.
- Unlock brace for ambulation when quad control adequate.
- Mini squats (0-60°).
- 4 inch step ups.
- Isotonic leg press (0 - 90°).
- Lateral step out with therabands.
- Hip strengthening.

_____ **Week 9:**

- D/C brace if quad control adequate.
    - Advance ROM, Goal: 0 to 115°, walking with no limp.
- Add ball squats.
- Initiate retro treadmill with 3% incline (for quad control).
- Increase resistance on stationary bike.
- Mini-squats and weight shifts.
- Sport cord (bungee) walking.
- 8 inch step ups.
- 4 inch step downs.

_____ **Week 10:**

- Begin resistance for open chain knee extension.
- Swimming allowed, flutter kick only.
- Bike outdoors, level surfaces only.
- Progress balance and board throws.
- Plyometric leg press.
- 6-8 inch step downs.
- Start slide board.
- Jump down's (double stance landing).
- Progress to light running program and light sport specific drills if:
  - Quad strength > 75% contralateral side.
  - Active ROM 0 to > 125°.
  - Functional hop test >70% contralateral side.
  - Swelling < 1cm at joint line.
  - No pain.
  - Demonstrates good control on step down.

_____ **Week 11-22:**

- Stairmaster machine.
- If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:
  - Progress to home program for running. Progress to hops, jumps, cuts and sports specific drills. Begin to wean from supervised therapy.

_____ **4-5 months:**

- Criteria to return to sports:
  - Full Active ROM.
  - Quadriceps >90% contralateral side.
  - Satisfactory clinical exam.
  - Functional hop test > 90% contralateral side.
  - Completion of a running program.

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____

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