

MCL Repair/Reconstruction

Physical Therapy Post-op Protocol

***Blood Flow Restriction (BFR) encouraged at all phases**

Weeks 0-2

- Weight Bearing: Touch down weight bearing (50% weight bearing) in brace (locked in extension) while ambulatory,
- Brace: 0-2 weeks – 0-30 degrees
- ROM: 0-30 degrees
- Exercises:
 - Quad sets
 - Patellar mobility
 - Gastroc/soleus stretch
 - SLR w/ brace in full extension until quad strength prevents extension lag
 - Side-lying hip/core

Weeks 2-4

- Weightbearing: Weightbearing as tolerated with brace on
- Brace: Increase motion to 90 degrees
- ROM: goal of 90 degrees motion by 4 weeks
- Exercises as above

Weeks 4-12

- Weight Bearing: Full WB
- Brace: discontinue at 6 weeks if no extension lag and ambulating without limp
- ROM: full
- Exercises:
 - Begin toe raises
 - Closed chain quads and RDLs
 - Balance exercises
 - Hamstring curls
 - Stationary bike
 - Step-ups
 - Front and side planks
 - Advance hip/core
- Begin Stairmaster, elliptical and
- Begin running progression straight ahead at 10 weeks if motion symmetric
- *Avoid weighted squats beyond 90 degrees for first 3 months

Weeks 12-16

- Exercises:
 - Advance closed chain strengthening
 - Power lifting with deadlifts and barbel squats
 - Progress proprioception activities
 - Plyometrics, ladder drills, box jumps to 12", side shuffles

Week 16+

- Advance to sprinting, backward running, unpredictable cutting/pivoting/changing direction
- Lateral and rotational agility
- Interval sprint workouts
- Progress power lifting with deadlifts and barbel squats
- Lateral
- Gradual return to sports participation with clearance from PT and Surgeon.