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MCL Repair/Reconstruction Rehabilitation Protocol

	Goals and Benchmarks	Brace/ WB Status	Rehabilitation Guidelines
Phase I Weeks 0-2	Initial PT Visit post-op day 1-7 Dressing change if requested by MD Good quad control; focus on full extension Flexion: 0-90° (max) Patellar Mobilization	NWB x 6 weeks in Hinged Knee Brace; Locked in Extension	Quad sets, Controlled wt shifts SLRs - 4 direction hip (in brace until able to perform without lag) Quad re-ed with Estim if needed Patellar mobs: medial-lateral first, followed by superior-inferior Flexion/Extension – Wall slides as well as seated Sit and reach for hamstrings (towel) Ankle Pumps Biking/Rowing with well leg
	2 wks: SLR no lag		
Weeks 3-6	Maintain full knee extension Minimal swelling/effusion	NWB x 6 weeks in Hinged Knee Brace; Locked in Extension	Continue Phase I Guidelines from Above
	Progress to full PROM		
Phase II Weeks 7-11	No more than trace joint effusion, 0/10 pain Full ROM (equal bilateral)	Full	Continue Phase I, Add: Hamstring Sets, Toe and heel raises Balance series Bike with both legs – no resistance Double knee bends Beginning Cord Exercises
	Progress to WBAT, Discontinue brace when quadriceps strength adequate for gait		8 weeks: Double Leg Bridges and Limited Leg Press-Double leg
			9 weeks: Bike with both legs – resistance, Aquajogging, Treadmill – 7% incline, Swimming with fins
			10 weeks: Balance squats, Deadlift, Leg Press – single leg
Phase III Weeks 12-19	Full ROM, 0/10 pain, No joint effusion	Full	12 weeks: Elliptical Trainer, Rowing, Sports Test Exercises
			16 weeks: Stair Stepper, Running Progression, Initial – single plane agility exercises -High Level Activities: Golf, outdoor biking, hiking and snowshoeing
Phase IV Weeks 20-24	Return to functional activities without pain or instability	Full	20 weeks: Agility: Advance multi-directional, Functional sports test; Skiing, tennis, basketball, football, soccer