

MCL Repair / Reconstruction Rehabilitation Protocol

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PT Frequency: 2-3 times per week

ROM Restrictions: AAROM \rightarrow AROM as tolerated; no weightbearing with knee flexion angles > 90° **Brace**: Weeks 0-6 – Locked in full extension for sleeping and ambulating. Off **only** for hygiene. When not sleeping or ambulating, unlocked brace once good quad control

Weeks 0-6 (Phase I)

- Weight Bearing
 - Weeks 0-2: 50% WB in brace with crutches
 - Weeks 2-6: Advance to WBAT in brace, wean off crutches
- Brace: Weeks 0-6 Locked in full extension for sleeping and all WB. Off only for hygiene.
 - When not sleeping or ambulating, unlocked brace once good quad control
- Range of Motion: ROM: 0-90°
- **Exercises**: Patellar mobs, quad/hamstring sets, heel slides, Gastroc/Soleus stretching, straight-leg raises with brace in full extension until quad strength prevents extension lag
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Weeks 6-12 (Phase II):

- Weight Bearing: WBAT unassisted
- Brace: Discontinue
- ROM: Full
- Exercises: Patellar mobs, quad/hamstring sets, closed chain extension exercises, hamstring curls, toe raises, balance exercises, Gastroc/Soleus stretching; lunges 0-90°, leg press 0-90°
 - Begin stationary bike
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Weeks 12-16 (Phase III):

- Weight Bearing: Full
- **ROM**: Full, painless
- **Exercises:** Advance closed chain strengthening exercises and proprioception activities; focus on single-leg strengthening; begin elliptical
 - Straight ahead running permitted at 12 weeks
 - Swimming okay at 16 weeks
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Weeks 16-24 (Phase IV):

- 16 weeks: Begin jumping
- 20 weeks: Advance to sprinting, backward running, cutting/pivoting/changing direction
- Consider functional sports assessment