

MCL Repair Rehabilitation Protocol

- **Weeks: 0-6**
 - Goals: prevent stiffness, decrease swelling/inflammation, begin strengthening
 - Weight bearing as tolerated, range of motion as tolerated
 - Crutches are not required and can be discontinued once a normal gait can be performed
 - Range of motion as tolerated
 - Encourage early passive and active ROM, particularly obtaining full extension
 - Begin quadriceps strengthening/control
 - Patellar mobilizations to prevent scar tissue formation/adhesions
 - Modalities as needed for muscle stimulation, pain control, swelling control
 - Manual lower extremity PNF
 - Emphasize importance of home exercise program

- **Weeks 6-12**
 - Goals: increase ROM and strength
 - Continue to advance ROM and strengthening
 - Okay to begin use of bicycle for ROM, strength, and cardio
 - No running, uneven terrain, plyometrics, twisting, pivoting, etc
 - Modalities as needed for muscle stimulation, pain control, swelling control
 - Continue manual lower extremity PNF

- **Weeks 12+**
 - Goals: increase strength, return to work, sport, and/or pre-injury functional level with minimal to no restrictions
 - Okay to begin return to running program when desired when strength and ROM are appropriate to do so
 - Okay for gradual progression into uneven terrain, plyometrics, twisting, pivoting, etc
 - Okay for hydro/aquatic therapy if available
 - Work on improving functional/ADL tasks as needed
 - Functional/work-specific/sport strengthening and training, if applicable
 - Customized HEP to continue once PT/OT is completed

