

## MCL Repair or Reconstruction Post-op Physical Therapy 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