Knee MCL Repair/Reconstruction Rehab Protocol Prescription

Patient Name: ___________________________ Date: ___________________________

Diagnosis: MCL tear Frequency: 2-3 visits/week Duration: 4 months

Week 1-2
• Ankle pumps every hour
• Post-op brace to maintain full extension.
• Quad sets & SLR (Brace on) with no lag
• TTWB with crutches
• Ice or Cryocuff Unit on knee for 20-30 minutes every hour
• Passive ROM exercises: Limits: 0 to 40 degrees.
• NO Hip adductor strengthening

Week 3-4 (ROM 0-75deg, TTWB)
• Supervised PT 2-3 times a week (may need to adjust based on insurance)
• Continue SLR's in brace with foot straight up, quad isometric sets, ankle pumps
• No weight bearing with knee in flexed position, TTWB with brace locked in full extension
• Patellar mobilization exercises
• Brace locked in full extension for ambulation and sleeping, and may unlock for sitting with limit 0-75deg.
• May not remove brace for HEP
• NO Hip adductor strengthening

Week 5 (ROM as tolerated, TTWB)
• Continue with above exercises/ice treatments
• Advance ROM as tolerated with no limits with brace on
• Stationary bike for range of motion (short crank or high seat, no resistance) Ok to remove brace for bike here
• No weight bearing with knee in flexed position, continue TTWB with brace
locked in full extension
• Perform scar message aggressively
• Progressive SLR program for quad strength with brace on - start with 1 lb, progress 1 -2 lbs per week
• Hamstring and hip PREs
• Seated leg extension (90 to 40 degrees) against gravity with no weight
• NO side lying Hip adductor strengthening

Week 6 (TTWB)
• Continue all exercises
• No weight bearing with knee in flexed position, TTWB with brace locked in full extension
• Flexion exercises seated AAROM
• AAROM (using good leg to assist) exercises (4-5x/ day) with brace on
• Continue ROM stretching and overpressure into extension
• SLR’s - with brace on
• NO side lying Hip adductor strengthening
• Leg press 0-70 arc of motion

Week 7 (WBAT)
• Continue above exercises
• Start WBAT with brace on in full extension and D/C crutches when stable
• Hamstring and calf stretching
• Self ROM 4-5x/day using other leg to provide ROM
• Advance ROM as tolerated - no limits, may remove brace for ROM
• Regular stationary bike if Flexion > 115
• Heel raises with brace on
• Hip strengthening No side lying hip adduction

Week 8
• Continue above exercises
• Unlock brace for ambulation when quad control adequate
• Mini squats (0-60 degrees)
• 4 inch step ups
• Isotonic leg press (0 - 90 degrees)
• Lateral step out with therabands
• Hip strengthening

Week 9
• D/C brace if quad control adequate
  Advance ROM, Goal: 0 to 115 degrees, walking with no limp
• Add ball squats
• Initiate retro treadmill with 3% incline (for quad control)
• Increase resistance on stationary bike
• Mini-squats and weight shifts
• Sport cord (bungee) walking
• 8 inch step ups
• 4 inch step downs

**Week 10**
• Begin resistance for open chain knee extension
• Swimming allowed, flutter kick only
• Bike outdoors, level surfaces only
• Progress balance and board throws
• Plyometric leg press
• 6-8 inch step downs
• Start slide board
• Jump down's (double stance landing)
• Progress to light running program and light sport specific drills if:
  Quad strength > 75% contralateral side
  Active ROM 0 to > 125 degrees
  Functional hop test >70% contralateral side
  Swelling < 1cm at joint line
  No pain
  Demonstrates good control on step down

**Week 11-22**
• Stairmaster machine
• If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:
  Progress to home program for running. Progress to hops, jumps, cuts and sports specific drills. Begin to wean from supervised therapy.

**4-5 months**
• Criteria to return to sports
  Full Active ROM
  Quadriceps >90% contralateral side
  Satisfactory clinical exam
  Functional hop test > 90% contralateral side
  Completion of a running program

**Concerns or questions:**
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**Physician Signature:**