This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible, following an arthroscopic MCL repair. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based MCL repair guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual’s goals for activity following an arthroscopic MCL repair.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient’s post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

**Precautions:**

* Avoid patellofemoral irritation
* Avoid extension beyond 20 degrees and flexion beyond 90 degrees for 2 weeks
* bracing up to 6 weeks as determined by MD
* Weight Bearing:
	+ Toe touch weight bearing 2 weeks
	+ WBAT unless otherwise specified after 2 weeks
* If patient has a concomitant injury/repair, treatment may vary-consult with physician.

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| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| **Phase I** *week 0-2* | *Therapy:** Hinged brace locked at 30 degrees initially, when starting PT brace opened to 20-90 degrees
* Begin exercise program: ankle pumps, multi angle quad sets, hamstring sets, isometric hip extension, patellar mobilizations, SLR, heel slides
* Modalities for pain and edema control
 | *Goals of Phase:*1. Skin healing
2. Edema control
3. PROM as allowed in brace
 |
| **Phase II***Post-op weeks 2-6* | *Therapy:** Hinged brace worn during exercise to avoid end range motion and medial joint stress
* Exercises:
	+ begin gentle stretching
	+ SLR and hip abduction with resistance
	+ Multi-angle quad sets
	+ 4-way hip with sport cord
	+ Hamstring strengthening. sub maximal
	+ Gastroc/soleus stretching and strengthening.
* Gait training PRN
 | *Goals of Phase:*1. Healing
2. Pain and edema control, modalities PRN
3. Improved ROM
4. Ambulation without assistive device when quad control is achieved and gait normalized

*Criteria to Advance to Next Phase:* 1. Healing appropriate for stage to move on.
 |
| **Phase III***Weeks 6+* | *Therapy additions:** Fit with functional brace
* Gait training without AD
* Exercises:
	+ stationary bike
	+ Proprioception rehab: Baps, step-ups, single leg stance
	+ Treadmill
	+ Lunges
	+ B squats progressing to unilateral
	+ Plyometrics (once 80% strength ratio is achieved)
	+ Preparation for return to sport activity.
 | *Goals of Phase:* 1. Full ROM
2. Climb stairs reciprocally
3. No pain
4. Strength 80% of uninvolved limb
5. Neuromuscular control of Lower extremity

*Criteria to Advance to Next Phase:* 1. Normal Gait pattern
2. Pain control
3. Edema managed
4. Independent HEP
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