

Medial Collateral Ligament (MCL) Rehabilitation Protocol

ANDY BRIEN, MD

Weeks post-injury

1-2 Weeks

Initiate physical therapy. Patient will wear immobilizer for 2 weeks following injury, except in P.T. Rx. of modalities for pain and swelling as needed. Easy stationary bike for range of motion (ROM's), Quads, straight leg raises (SLR's), calf raises. Gentle ROM's. No valgus stress or open chain for 6 wks. No inside leg raise. Ligament needs time to heal. When working adductors stress point should be superior to knee or work them in functional position later in progression. Generally, immobilizer is D/C'd at 2 weeks pending physician exam.

3 Weeks

Manual therapy and modalities as needed. Bike, leg press, step-up, step-down. If tolerated, Stairmaster and leg curl. Multi-hip adduction OK with pad *above* knee. Proprioception/ balance activities as tolerated. Passive ROM's as needed.

4 Weeks

Manual therapy and modalities as needed. Add Smith press. Progressive resistance exercises (PRE's) as tolerated. Initiate low level progressing to intermediate functional agility exercises. Slow jog only.

5-6 Weeks

Focus on function, but continue strengthening. Progress to sprinting and sports specific functional-agility drills as tolerated. Functional test consisting of sports specific activities. Examples: cutting, sprinting, jumping, full speed carioca. If patient is able to complete above activities without discomfort, they may return to full activity pending physicians exam. This is usually between 5 and 6 weeks post injury. Most patients will be required to wear a hinged brace for full contact athletics when they initially return.