



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

MEDIAL COLLATERAL LIGAMENT (MCL) REPAIR / RECONSTRUCTION

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

Week 1-2



- Ankle pumps every hour
- Post-op brace to maintain full extension.
- Quad sets & SLR (Brace on) with no lag
- NWB 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 0-75 deg, NWB)

- 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, NWB 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 0-75 deg.
- May not remove brace for HEP
- NO Hip adductor strengthening

Week 5 (ROM as tolerated, NWB)

- 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 NWB with brace locked in full extension
- Perform scar massage 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

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date: _____

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