

**MCL RECONSTRUCTION OR REPAIR  
 REHABILITATION PROTOCOL**

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-6 weeks	Partial WB in brace *	<b>0-2 weeks:</b> Locked in full extension for ambulation and sleeping  <b>2-6 weeks:</b> Unlocked for ambulation 0-90, remove for sleeping**	<b>0-2 weeks:</b> 0-45  <b>2-6 weeks:</b> Advance slowly 0-90 ** If repair can advance to full starting at 4 weeks	Quad sets, patellar mobs, gastroc/soleus stretch  SLR w/ brace in full extension until quad strength prevents extension lag  Side-lying hip/core  Hamstrings avoidance until 6 wks post-op
<b>PHASE II</b> 6-12 weeks	Full	Discontinue at 6 wks if no extension lag	Full	Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core
<b>PHASE III</b> 12-20 weeks	Full	None	Full	Advance closed chain strengthening  Progress proprioception activities  Begin stairmaster, elliptical and running straight ahead at 12 weeks  <b>16 wks:</b> Begin jumping  <b>20 wks:</b> Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills
<b>PHASE V</b> > 4 months	Full	None	Full and pain-free	Gradual return to sports participation after completion of FSA***  Maintenance program based on FSA

\*Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

\*\*Brace may be removed for sleeping after first post-operative visit (day 7-10)

\*\*\*Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at 22-24 wks post-op for competitive athletes returning to play after rehab