Jennifer Thomson, MD
ORTHOPAEDIC SURGERY | SPORTS MEDICINE

Rehabilitation Protocol: MCL repair

Phase I: 0-2 weeks
- Brace: Locked at 0 degrees extension for ambulation & sleeping
- ROM: 0-30 deg permitted with emphasis on full extension
- Weightbearing: Partial weightbearing (50%) with crutches
- Exercises:
Patella mobilization
Straight leg raise supine with brace locked at 0 degrees
Quad sets
Ankle pumps

Phase II: 2-6 weeks
- Brace: Locked at 0 degrees extension for ambulation & sleeping
- ROM: Progress gradually to full ROM as tolerated by week 8 with hinge knee brace in place
- Weightbearing: Partial weightbearing with crutches
- Exercises:
Quad strengthening (esp. VMO)
E-stim to quads
Straight leg raises
Stationary bike in brace if ROM/swelling permits
Avoid straight leg raise for hip adduction

Phase III: 6-8 weeks
- Brace: Continue brace, okay to unlock while bearing weight
- ROM: full
- Weightbearing: WBAT
- Exercises:
Gait training
Continued emphasis on quad strength/control

Phase IV: 8-12 weeks:
- Brace: wean out of brace if quad strength adequate for gait and gait normalized
- ROM: full
- Weightbearing: WBAT
- Exercises:
4 way hip strengthening
Knee extension, pain free arc
Pool program
Avoid side-to-side movements

Phase V: 12-16 weeks:
- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:
Wall squats (0-70 deg)
Leg press
Lunges

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Hip strengthening
Bicycle
Stairmaster
Initiate straight line jogging program
Avoid side-to-side movements
Goal 80% strength of contralateral side before next phase

Phase VI: 16-24 weeks:
- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:
Introduce sport specific training and functional drills
Advance plyometric program
Return to sport-- MD directed, typically 6 months postop
*May require functional sports assessment prior to clearance to return to sport at ~6 months postoperatively