

Patient: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

**Procedure: Right/Left MCL reconstruction or repair**

*Associated Procedure (circled if applicable):* Meniscectomy/Meniscal Repair, Patellar tendon repair, Tibial plateau fracture

**Phase I (0-4 wks): *Period of protection***

**Weight bearing:** TDWB with crutches/walker until week 2, progress to 50% through week 4.

**Brace:** Hinged knee brace locked in extension week 1, ok to unlock 0-45 after week 1

**ROM:** Progress through passive, active and resisted ROM as tolerated. Goals of full extension and 90° flexion by week 6.

**Ice:** Not directly on skin. Recommend as much as possible. 5x/day, 20 min/session for first 2 weeks. Then after activity at minimum.

**Exercises:** Extension board and prone hang. Patellar mobilization 5-10 min daily. Quad sets, SLR with knee locked in extension. No restrictions on ankle and hip strengthening.

**Note: if a meniscal repair was done simultaneously, please amend the above with the following restrictions:**

- WBAT with brace limited to 0-90 degrees x 4 weeks
- Limit ROM 0-90 degrees x 4 weeks
- No tibial rotation x 4 weeks

**Phase II (4-12 wks): *Transition to weightbearing***

**Weight bearing:** Beginning week 4 gradually over 3 weeks progress to full. Plan typically to wean from two crutches to 1 crutch to crutch free over a 1-2 week period. Full WBAT after completion ~5-6 weeks

**Brace:** Discontinue while sleeping but used for all ambulation and weightbearing exercises until week 8. Can transition for comfort to smaller neoprene hinge after.

**ROM:** Advance active and passive ROM as tolerated. End range stretching may be accompanied by weighted prone heel hangs if full extension is not yet achieved. In some cases, static progressive bracing may be prescribed. Goal: full motion by 3 months.

**Ice:** Not directly on skin. Recommend as much as possible, at minimum after therapy.

**Exercises:** Advance isometric quad and hamstring strengthening. Begin and advance closed-chain strengthening (0-90 degrees) once full-weightbearing (ie. Week 9-10). Add pulley weights, theraband, etc.

**Phase III (3-9 mo): *Advanced conditioning and transition to full activities***

**Weight bearing:** Full

**Brace:** None required. For patient comfort hinged neoprene sleeve.

**ROM:** No limitation. Aggressive end range stretching if full ROM not yet achieved.

**Exercises:** Advance strengthening as tolerated, with an aggressive focus on closed-chain exercises. Increase resistance on equipment. Begin plyometrics

and increase as tolerated, starting sport-specific drills around 5 months. Begin to wean from formal supervised therapy encouraging independence with home exercise program.

**Jogging:** Begin straight ahead jogging program if core and hip strength appropriate at 4 mo post-op.

Patients may return to full activities once motion is adequate and strength is at least 80% of the opposite side (usually around 10-12 months postoperatively).

**Frequency:** \_\_\_\_\_x/week x \_\_\_\_\_weeks

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Dax Varkey MD, MPH**