



Orthopaedic Surgery, Sports Medicine DrBlack@SheenaBlackMD.com

### PHYSICAL THERAPY PRESCRIPTION MCL RECONSTRUCTION

Name:			[	ООВ:		
Post-Operative Diagnosis:  Right  Left MCL Reconstruction						
Graft:		□ Hamstring	□ Allograft			
Additional Pr	rocedures:	□ Lateral Menis	sectomy	□ Medial Menisectomy		
		Lateral Meni	scal Repair	□ Medial Meniscal Repair		
		Other:				
Surgical Date:						
Weight Bearing: 🕅 NWB x 3 weeks, then 50% WB w/ crutches x 3 weeks						
Weig	ght bearing modific	ations: 🗆 NWI		В 🗆 РШВ		
□						
ROM: X Full passive knee extension, progress knee flexion as tolerated						
ROM Modifications:						
Brace Instructions:						
Additional Instructions:						
Frequency & Duration: 1-2 times per week for 6 – 8 weeks						
Rx: N	MCL Post-Op Rehab – Phase 1 (follow my protocol strictly)					
D	Pressing change / wo	und check 2-3 day	/s post-op			
C	all my office if patier	nt unable to get 0 -	- 90° ROM by 2	weeks post-op		
E	mphasize early full p	bassive extension	to 0°			
Precautions:						
_	X Per my PT prot	ocol				
_	X Other: Protect	t MCL repair – r	no valgus or E	R stress		
Physician's Signature:,MD						





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## PHYSICAL THERAPY PROTOCOL MCL RECONSTRUCTION

### PHASE I:

- **TIME FRAME:**Immediately post-op through 3 weeks<br/>Patient to do H.E.P. daily
- GOALS: Passive extension to 0 only Reduce swelling 90° flexion by 2 weeks post-op Maintain patella glide Achieve good quad set at 0° and 90°
- PRECAUTIONS:
   Brace removal prn by therapist for exercises

   Brace locked at 0° for sleeping until 0° extension maintained

   NWB immediately post-op.

   Brace locked at 0° for ambulation

   Full ROM

#### **EXERCISES:**

- 1. 0° quad sets (consider NMES or biofeedback for protocol control).
- 2. Assisted flexion (dangle) with uninvolved leg crossed under ankle.
- 3. 90° quadriceps isometrics once 90° flexion achieved.
- 4. Passive hyperextension (sitting) to zero ASAP.
- 5. Straight leg raises, all planes, with brace locked in full extension.
- 6. Calf, hamstring stretching, calf pumps.
- 7. Heel slides.





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#### PHASE II:

### <u>PHASE II:</u> TIME FRAME:

- 3 6 weeks post-op. PT visits - TIW Patient to do H.E.P. daily
- GOALS: Passive extension to zero mandatory 50% WB in brace and w/ crutches Restore patella mobility to normal Achieve good quad set at 0° and 90° Brace until 6 weeks po Full ROM
- PRECAUTIONS: Avoid terminal open chain quad PRE

#### EXERCISES:

- 1. Patella and scar tissue mobilization by therapist and patient.
- Straight leg raises continue in brace until strength is sufficient to prevent extension lag. No SLR w/ weights
- 3. Isometric quad sets at 90° knee flexion (use a belt looped around leg of chair).
- 4. Theraband<sup>™</sup> leg press from 100° to 0°.
- 5. Calf strengthening (Heel raises standing, sitting, and Theraband<sup>™</sup>).
- 6. Closed kinetic chain quadriceps strengthening with bands only
- 7. Stationary bike progress light resistance as tolerated.





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#### PHASE III:

TIME FRAME:6 weeks to 10 weeks post-op.<br/>PT visits - BIW<br/>Patient should do workout in health club or home gym TIWGOALS:Regain full motion to flexion.<br/>Restore patella mobility to normal.<br/>Begin improving proprioception.

Normal community ambulation. Increasing strength with program in therapy and / or club.

**PRECAUTIONS:** Avoid terminal open chain quad PRE No jumping or cutting activities

#### EXERCISES:

- 1. Continue Range of motion / flexibility to equal opposite side
- 2. Continue closed kinetic chain quad strengthening and progress to single leg mini squats (pt may use weighted back pack), single/ double leg press, wall sits to 90°, step-ups, lateral step-up, and weighted terminal knee extension.
- 3. Continue to progress hamstring, calf, and hip strengthening (side steps, resisted walking, raises, curls).
- 4. Stationary bike increase time and resistance levels. Progress to interval program.
- 5. Elliptical, Nordic Trac, Stairmaster, treadmill machines and walking for conditioning with attention paid to patella symptoms.
- 6. Pool programs walking initially with progression to deep-water aqua jogging.
- 7. Continue to progress proprioception and balance activities (ball toss, balance boards, foam, and mini trampoline).
- 8. Open chain knee extension from 100° to 145°
- 9. Isometric quad sets at 90° knee flexion sitting and supine (ie. Hip flexed and neutral).





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### PHYSICAL THERAPY PROTOCOL MCL RECONSTRUCTION

### PHASE IV:

TIME FRAME:	10 weeks to 20 weeks post-op. PT visits - QOW Patient should do workout in health club or home gym 5x/week		
GOALS:	Full ROM Normal patella mobility. Gain sufficient strength, proprioception to initiate straight jogging. If swelling limits flexion – pt to take 2 Aleve PO BID.		
PRECAUTIONS:	No sudden starts / stops or quick change in direction. No jumping or cutting activities		
EXERCISES:	<ol> <li>Continue strength building program by increasing weights and decreasing repetitions per set, 3-4 times per week.</li> <li>Progress toward full weight-bearing jog at 12 weeks. Begin on treadmill and advance to track (initially walking curves). Slowly increase the pace and distance.</li> <li>Advanced proprioception activities.</li> <li>Isokinetic strengthening full range of motion if available.</li> <li>Open chain knee extension 30° to 0°.</li> </ol>		
PHASE V:			
TIME FRAME:	<u>Quadriceps/hamstring strength 80% of uninvolved thigh required for phase V.</u> 20 weeks to 24 weeks post-op. PT visits - QOW Patient should do workout in health club or home gym 5x/week.		
GOALS:	Restore advanced proprioception Restore normal muscle strength and endurance Safely restore functional sports performance in controlled setting. Slow and controlled cutting activities under light load.		
PRECAUTIONS:	<u>Quadriceps/hamstring strength 80% of uninvolved thigh required for phase V.</u> No fast or aggressive cutting No hopping down from > 12" height		
EXERCISES:	<ol> <li>4 week return to sports program/ agility program issued by therapist / physician.</li> <li>Slow progression into plyometric training.</li> <li>Cross overs</li> <li>Figure 8 running.</li> <li>Box / shuttle running</li> <li>Accelerating / decelerating sprints</li> <li>Progression into sport specific drills.</li> </ol>		





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### PHASE VI:

TIME FRAME:	<u>Quadriceps/hamstring strength 85% of uninvolved thigh required for phase VI.</u> Begin 6 months post-op. Supervised but independent program
GOALS:	Equal performance lower extremities on single and 3 hop test Symmetric performance of basic and sport specific agility drills.

Return to sports.

IF QUESTIONS: PLEASE CALL 469-800-7200





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