



## MCL Reconstruction Protocol

Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Frequency: 1 2 3 4 times / week | Duration: 1 2 3 4 5 6 Weeks

\_\_\_\_\_Weeks 0-2:

- Toe touch weight bearing with crutches
- Brace set from 0-90 degrees and wearing at all times except personal bathing
- PROM → AAROM → Transition to AROM as tolerated from 0-90 degrees
- Heel slides, quad sets, patellar mobs, ankle pumps, straight leg raises

\_\_\_\_\_Weeks 3-4:

- Continue exercises from weeks 0-2
- Continue with crutches, partial weight bearing ~40%
- Continue brace but open up to allow full ROM
- Focus on regaining full extension; goal ROM 0-125+ degrees
- Continue to transition to full AROM program

\_\_\_\_\_Weeks 5-6

- Continue all exercises
- D/C crutches, WBAT

\_\_\_\_\_Weeks 7-12:

- D/c brace
- Closed chain knee extension, stationary bike, weight bearing gastroc/soleus stretch
- Leg press and lunges (start initially with body weight only)
- Mini-squats, weight shifts, initiate step up program
- Advance closed chain strengthening and bike exercises
- Normalize gait pattern
- Progressive squat program
- Initiate step down program



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- Proprioceptive training

\_\_\_\_\_ Months 3-4:

- Begin forward running in straight line
- Initiate cutting/pivoting maneuvers after patient can comfortably jog/start/stop
- Progress strengthening and flexibility exercises

\_\_\_\_\_ Months 4+:

- Start plyometric exercises
- Resume all work / sports activities at at discretion of Dr. Barrett

Signature \_\_\_\_\_ Date: \_\_\_\_\_