



Physical Therapy Protocol: MCL/LCL Reconstruction/Repair

Phase	Notes	Exercises
I: Weeks 0-6	Brace locked in extension day and night Toe touch WB (10-20% body weight) for 6 weeks if reconstruction performed No WB restriction if repair performed	<ul style="list-style-type: none"> • ROM: progress through full passive and active ROM • Strength: quad/hamstring/glute sets, straight leg raise with knee in full extension with brace until quad strength prevents extension lag, no open chain or isokinetic exercises, utilize NMES and BFR as needed • Goals: 90 degrees of flexion by week 2. Full active hyperextension, flexion, and minimal swelling by week 6
II: Weeks 6-12	Discontinue brace Progress to full weightbearing	<ul style="list-style-type: none"> • ROM: full active/passive ROM • Strength: Gait training/progress to full WB, d/c brace once patient able to perform SLR without lag, advance closed chain strengthening, progress proprioception activities, pt should be ready to do stair master/nordic track and running straight ahead at 12 weeks, recommend BFR and NMES as appropriate • Goals: full ROM and active hyperextension by week 12 at the latest, contact practice if not on track by 8 weeks post-op
III: Weeks 12+		<ul style="list-style-type: none"> • Exercises: No brace, full ROM, initiate return to running program, progress flexibility/ strengthening, progression of function: forward/ backward running, cutting, grapevine, etc., initiate plyometric program and sport-specific drills • Comments: recommend BFR and NMES as appropriate, no cutting/pivoting until 6 months PO AND quad girth is equal to contralateral side

Sports Performance Center Resources

- Plyometric Prep Screen when returning to running/ jumping (around 3 months post-op)
 - Schedule via QR code or email spc@rushortho.com

- Lower Body Assessment when initiating preparing to return to sport
 - Schedule via QR code or email spc@rushortho.com

