



Physical Therapy Prescription – MCL Repair/Reconstruction

Name: _____

Date of Surgery: _____

Procedure: R / L knee MCL Repair/Reconstruction

Frequency: 2-3 times per week

PHASE I (Weeks 0 – 6): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Toe touch weight bearing
 - **Weeks 0-2:** 50% weight-bearing in brace with crutches
 - **Weeks 2-6:** Advance to full weight-bearing in brace, wean off crutches
- **Hinged Knee Brace:**
 - **Weeks 0-6:** Locked in full extension for ambulation and sleeping
- **Range of Motion:** AAROM → AROM as tolerated
 - **no weight-bearing with knee flexion angles >90°**
- **Therapeutic Exercises:** Patellar mobs, quad/hamstring sets, heel slides, Gastroc/Soleus stretching, straight-leg raises with brace in full extension until quad strength prevents extension lag
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 12)

- **Weightbearing:** As tolerated, unassisted
- **Hinged Knee Brace:** Discontinue at 6 weeks
- **Range of Motion:** Full
- **Therapeutic Exercises:** Patellar mobs, quad/hamstring sets, closed chain extension exercises, hamstring curls, toe raises, balance exercises, Gastroc/Soleus stretching; lunges 0-90°, leg press 0-90°
 - Begin use of the stationary bicycle
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 – 16)

- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance closed chain strengthening exercises and proprioception activities; focus on single-leg strengthening; begin elliptical
 - Straight ahead running permitted at **12 weeks**
 - Swimming okay at **16 weeks**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 16 – 24): Gradual return to athletic activity

- **16 weeks:** Begin jumping
- **20 weeks:** Advance to sprinting, backward running, cutting/pivoting/changing direction
- Consider **functional sports assessment**

Signature: _____

Date: _____