



REHABILITATION PROTOCOL: MCL RECONSTRUCTION

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	Goals & Benchmarks	Brace & WB Status	Rehabilitation Guidelines
Phase I Weeks 0-2	Initial PT visit 1-7 days post-op Good quad control; focus on full extension Flexion: 0-90° (max) Patellar Mobilizations	NWB for 6 weeks in hinged knee brace locked in extension	Quad sets, controlled weight shifts SLRs – 4 direction hip (in brace until able to perform without lag) Quad re-education with e-stim if needed Patellar mobs: medial-lateral first, followed by superior-inferior Flexion/Extension – wall slides as well as being seated Sit and reach for hamstrings (towel) Ankle Pumps Biking/Rowing with well leg
	2 weeks: SLR no lag		
Weeks 3-6	Maintain full knee extension Minimal swelling/effusion	NWB for 6 weeks in hinged knee brace locked in extension	Continue Phase I guidelines from above
	Progress to full PROM		
Phase II Weeks 7-11	No more than trace joint effusion, 0/10 pain Full ROM (equal bilateral)	Full	Continue Phase I, Add: Hamstring sets, toe and heel raises Balance series Bike with both legs – no resistance Double knee bends Beginning cord exercises
	Progress to WBAT, discontinue brace when quadriceps strength adequate for gait		
Phase III Weeks 12-19	Full ROM, 0/10 pain, no joint effusion	Full	8 weeks: Double leg bridges and limited leg press – double leg
			9 weeks: Bike with both legs – resistance, aquajogging, treadmill – 7% incline, swimming with fins 10 weeks: Balance squats, Deadlift, Leg Press – single leg
Phase III Weeks 12-19	Full ROM, 0/10 pain, no joint effusion	Full	12 weeks: Elliptical trainer, rowing, sports test exercises
			16 weeks: Stair stepper, running progression, initial – single plane agility exercises - High level activities: Golf, outdoor biking, hiking, snowshoeing
Phase IV Weeks 20-24	Return to functional activities without pain or instability	Full	20 weeks: Agility, advance multi-directional, functional sports test; skiing, tennis, basketball, football, soccer

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Protocol adapted from Ronak M. Patel, MD