

**Rehabilitation Protocol: MCL repair**

**Phase I: 0-2 weeks**

- Brace: Locked at 0 degrees extension for ambulation & sleeping
- ROM: 0-30 deg permitted with emphasis on full extension
- Weightbearing: Partial weightbearing (50%) with crutches
- Exercises:

Patella mobilization

Straight leg raise supine with brace locked at 0 degrees

Quad sets

Ankle pumps

**Phase II: 2-6 weeks**

- Brace: Locked at 0 degrees extension for ambulation & sleeping
- ROM: Progress gradually to full ROM as tolerated by week 8 with hinge knee brace in place
- Weightbearing: Partial weightbearing with crutches
- Exercises:

Quad strengthening (esp. VMO)

E-stim to quads

Straight leg raises

Stationary bike in brace if ROM/swelling permits

Avoid straight leg raise for hip adduction

**Phase III: 6-8 weeks**

- Brace: Continue brace, okay to unlock while bearing weight
- ROM: full
- Weightbearing: WBAT
- Exercises:

Gait training

Continued emphasis on quad strength/control

**Phase IV: 8-12 weeks:**

- Brace: wean out of brace if quad strength adequate for gait and gait normalized
- ROM: full
- Weightbearing: WBAT
- Exercises:

4 way hip strengthening

Knee extension, pain free arc

Pool program

Avoid side-to-side movements

**Phase V: 12-16 weeks:**

- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:

Wall squats (0-70 deg)

Leg press

Lunges

Hip strengthening  
Bicycle  
Stairmaster  
Initiate straight line jogging program  
Avoid side-to-side movements  
Goal 80% strength of contralateral side before next phase

Phase VI: 16-24 weeks:

- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:

Introduce sport specific training and functional drills

Advance plyometric program

Return to sport-- MD directed, typically 6 months postop

\*May require functional sports assessment prior to clearance to return to sport at ~6 months postoperatively