

REHABILITATION GUIDELINES FOR MCL REPAIR WITH IPSILATERAL HAMSTRING AUTOGRAFT AUGMENTATION

PHASE I (WEEK 0-6 WEEKS)

DATES:

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| Appointments | MD appointment at 2 weeks for suture removal, 6 weeks for follow up Physical therapy 2 x week beginning 2-5 days post op; can drop to 1 x week once 0-90 ROM is achieved and patient has improved quad set |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Pain and effusion management • Full extension symmetrical to contralateral knee before first post op visit at 2 weeks • PROM 0-90 • SLR without quad lag by 6 weeks |
| Precautions | <ul style="list-style-type: none"> • Flexion limited to 90 x 6 weeks • Toe touch weight bearing with brace locked at 0 for 6 weeks, brace can be open 0-90 in seated • No hamstring contraction x 6 weeks • Avoid valgus loads • Progressive exercises should be performed with the tibia in IR to decrease stress to the MCL |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Prolonged extension- prone hang, supine with towel roll under ankle • Ankle pumps • Heel slide, wall slide no greater than 90 • Quad sets with NMES • Isometric quad sets, then SLR/3 way hip with brace- NO ADDUCTION until 4 weeks • Patellar mobilizations |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • No stationary bike for 6 weeks |
| Progression Criteria | <ul style="list-style-type: none"> • Good quad control/SLR without lag • PROM 0-90 |

PHASE II (WEEK 6-12 WEEKS)

DATES:

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| Appointments | MD follow up at 6 weeks and 12 weeks Continue physical therapy 2 x week |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Progress to full ROM • Normal gait pattern without assistive device or brace • No extensor lag • Good quad control • Core integration |
| Precautions | <ul style="list-style-type: none"> • May begin WBAT at 6 weeks • Wean out of brace and off of A.D. when patient has good quad control • No planting or twisting of the leg • Avoid valgus loads • Progressive exercises should be performed with the tibia in IR to decrease stress to the MCL |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • HEP 5 x week • Strengthening: begin closed kinetic chain exercises with knee flexion • Total gym, mini squats, mini lunges, bridges, wall squats 0-45 deg, step up/down, leg press 0-60 with resistance up to ½ body weight • Progress neuromuscular proprioceptive/balance exercises including single leg balance progression-varying surfaces • Core exercises: plank, side plank • Pool: begin 4 way hip, lateral movement, deep water walking/jogging in place, progress to freestyle strokes but avoid breaststroke kick |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Stationary bike with minimal resistance, progress to road biking outdoor on flat roads only • Treadmill walking, elliptical trainer, stair master |
| Progression Criteria | <ul style="list-style-type: none"> • Full ROM • Normalized gait pattern • Neuromuscular exercise without difficulty • No dynamic valgus with exercises |

PHASE III (3-5 MONTHS)

DATES:

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| Appointments | Continue PT 1-2 x week |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Hop drills without difficulty • Good jumping mechanics with no dynamic valgus • Begin return to sport activities |
| Precautions | <ul style="list-style-type: none"> • May begin straight line running at 12 weeks |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • HEP 5 x week • Strengthening: closed chain exercises including leg press, lateral step downs, squats, hamstring curls with light weight, high repetition • Agility drills: shuffling, hopping, running patterns • Sport specific drills |

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| Cardiovascular Exercises | <ul style="list-style-type: none">• May start freestyle swimming (avoid frog/breaststroke)• Jogging on treadmill or even ground |
| Progression Criteria | <ul style="list-style-type: none">• Running without knee pain or effusion• Hopping/agility drills without knee pain or effusion• Quad strength within 90% of uninjured leg• Return to sport testing for repair at 5 months, reconstruction at 6 months |

References: Current Concepts of Physical Therapy 2016 edition, Cincinnati Sports Medicine and Orthopedic Center

PT name and date: Ariel Duvall PT, DPT

MAMMOTH ORTHOPEDIC INSTITUTE

85 Sierra Park Road ▪ Mammoth Lakes, CA 93546 ▪ 760.924.4084
162 South Main Street ▪ Bishop, CA 93514 ▪ 760.872.7766

SIERRA PARK PHYSICAL AND OCCUPATIONAL THERAPY

85 Sierra Park Road ▪ Mammoth Lakes, CA 93546 ▪ 760.934.7302
162 South Main Street ▪ Bishop, CA 93514 ▪ 760.872.2942