MCL Reconstuction Protocol

Immediately post-op (O/P physio arranged for 1/52)

- Cryocuff beneath long lever brace (10-90º), applied in theatre.
- Swelling management (Cryocuff/elevation).
- Gentle passive/active-assisted ROM between 0-90º (CPM if available).
- Patella mobilisation (superior/inferior, medial/lateral).
- TAQ's, SLR in brace (30 reps 4-5x daily).
- NWB for 6 weeks.
- Avoid valgus and internal/external rotation of the knee.

Goals: Control pain and swelling, preserve patellofemoral mobility.

1-6 weeks

- Check for evidence of distal neurovascular deficit, DVT or infection.
- Continue with patellar and tibiofemoral mobility ex's.
- Continue with SQ's and SLR in brace.
- NWB hip/lumbo-pelvic muscle maintenance exercises.
- Prone or standing hamstring curls from 2 weeks
- Static bike no resistance from 4 weeks.

Goals: 0-115º by 6/52 post-op, FROM by 8/52.

6-8 weeks

- Open brace to allow FROM.
- WBAT with 2 EC's, progress to FWB if no limp by 8 weeks.
- Double leg CKC ex's ≤70º of knee flexion
- Start double legged proprioception ex's (e.g. wobble board).

8-12 weeks

- Progress CKC ex's (≤70º flexion) and proprioception ex's to single leg as able.
- Wean of brace as confidence allows from 12 weeks.

12-20 weeks

- Progress cardiovascular exercise with bike, walking, flutter kick swimming.
- Progress CKC work as per ACL class progressions (avoid jogging until 16 weeks).

20 weeks +

- Progress as per advanced ACL ex's once completed top levels of ACL class.
- Gradual return to contact sports once completed ACL advanced class progressions and if >85% of good leg on functional testing.

References

LaPrade, R.F., Wijdicks, C. A. (2012) The Management of Injuries to the Medial Side of the Knee, *Journal of Orthopaedic & Sports Physical Therapy*. Vol: 42 (3), pp 221-233.

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