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MCL Reconstruction Post-Operative Rehabilitation Protocol

0-6 weeks

- NWB for 6 weeks with crutches
- Brace locked in extension for ambulation and sleeping x 6 weeks
- Avoid tibial rotation, hypertension and valgus force to the knee
- <u>ROM</u>:
 - Wall slides/supine heel slide with strap
 - Seated knee flexion with contralateral LE assist
- <u>Neuromuscular control:</u>
 - Quad Set, Prone TKE, SLR in brace
 - Use of NMES if insufficient volitional quad activation.
 - Quad isometrics at 90, 60, 30 and 0 deg knee flexion S/L hip ABD in brace
 - Prone hip extension in brace
 - Ankle mobility and resisted motions in all planes in supine, long sit or seated position.
 - Supine and seated core stabilization.
 - Seated/supine anti rotation/pallof
 - Supine core isometrics with UE and LE dissociative movements

Criterion to progress

- Pain free ROM 0-90
- Pain/swelling controlled
- SLR without extensor lag

6-12 weeks

- No kneeling for 12 weeks post op
- Progress to PWB and then FWB/wean off assistive device
- Discharge crutches then brace when adequate quad activation/strength

Weight Bearing Status

NWB x 6 weeks

Brace Settings

Locked straight x 6 weeks when ambulating or sleeping. Otherwise open brace once good quad control

ROM Restrictions

PROM 0-90° beginning POD 1



- ROM:
 - o Stationary bike
- Proprioception and balance:
 - Initiate balance training
- Strengthening
 - $\circ \quad \text{Closed chain functional exercise} \\$
 - Mini squat, Step up, lunging in sagittal plane (no flexion >70 deg)
 - o Bridge
 - o Side steps
 - Keep band proximal to minimize varus force on knee
 - o Core strength and endurance
- Criterion to progress:
 - Pain free, non-antalgic gait without assistive device for limited distances
 - PROM normalized to contralateral side 100%
 - Dynamometry 80% compared contralaterally with muscle testing

12-20 weeks

- Initiate transverse plane and multiplanar motions
- Initiate plyometrics
- Restore power

- Alter G initiated at 16 weeks for running
- Criterion to progress:
 - Y-balance test >90%
 - 60 sec continuous SL squat to 60 deg without femoral and lumbo-pelvic compensations
 - Plank and side plank 60 sec without compensations
 - Dynamometry90% compared contralaterally with muscle testing
 - Return to prior level of function with minimal symptoms

>20 weeks

- Full body running at 20-22 weeks
- Sport specific dynamic exercises
- Return to sports between 6-9 months



Exercise	1 2 3 4 5	Week
Initial Exercises:		0 7 0 3 10 12 10 20 24
ROM Goals	0-90° 0-125°	Progress to full
Flexion/extension, wall slides		
Flexion/extension- seated		
Patella/Tendon mobilization		
Extension Mobilization/Heel prop with knee extension		
Quad Series		
Hamstring Sets		
Sit and Reach for Hamstrings (towel)		
Ankle Pumps		
Crutch weaning	NWB	
SLR (w/ brace until quad control restored)		
Toe and heel raises		
Balance Series		
Weight-bearing Strength Exercises:	1 2 3 4 5	6 7 8 9 10 12 16 20 24
Double Knee Bends		
Double Leg Bridges		
Limited Leg press- double leg		
Beginning cord exercises	NWB	
Balance Squats		
Dead Lift $(2 \rightarrow 1)$		
Leg Press – single leg		
Sports Test Exercises		
Cardiovascular Exercises:	1 2 3 4 5	6 7 8 9 10 12 16 20 24
Bike with both legs-no resistance		
Bike with both legs- resistance		
Treadmill-walking 7% incline		
Swimming with fins-light flutter kick	NWB	
Elliptical Trainer		
Rowing		
Stair stepper		
*Cardio Exercises		valking with no limp & no significant increase in
Agility Exercises:	pain/swelling prior t	o initiating WB cardio (walk, elliptical, stepper)
Running Progression		
Initial-Single Plane	NWB	
Advance-Multi Directional		
Functional Sports Test		
High Level Activities:	1 2 3 4 5	6 7 8 9 10 12 16 20 24
Golf Progression		
Outdoor biking, hiking, running	NWB	
Return to Full Sport at 6-9 months post-op		

Adapted from post-operative protocol created by Howard Head Physical Therapy, Jill Monson, PT, OCS and Jon Schoenecker, PT, OCS, CSCS

Quad Series:

- •Quad sets (5 sec hold) also quick contractions (NMES to supplement)
- Prone quad sets
- •SLR with no extension leg
- Progression of Quad Strengthening (WB exercises at 6 weeks)
- •LAQ in safe range -no added resistance to begin
- •Once weight bearing tandem stance TKE with 5 sec hold
- Isometric wall sit
- •SLR with resistance
- Step up progression
- Squat progression
- Leg press progression
- Lunge progression

Hamstring Series:

- •Hamstring stretching (supine/prone)
- •Hamstring set (heel dig)- contract hamstring with knee flexed pressing heel into the floor (5 sec hold)
- Hamstring curls
- Progress to resisted hamstring curl

Sport Test Exercises:

- •Goals: impact training and introduction of directional drills
- Double leg squat jumps
- •Box jumps
- Speed skaters
- Double leg jumps for height and distance progress to single leg as tolerated
- •Blaze pod change of direction drills

Further Clarifications and Considerations

- •Double Knee Bends: feet shoulder width apart, bend knees to 30^o, keeping knees behind the toes.
- •Cord exercises (resistance band/cord): resisted double knee bends, resisted hamstring curls
- •May begin to implement BFR as early as 1 week into post-op period

Return to Running Criteria

- Trace effusion, flexion within 5 degrees of contralateral side
- LSI on anterior reach Y balance test \ge 90%
- LSI on quadriceps torque output on isometric measurement ≥ 75%
- •12" SL squat tolerance
- Able to walk > 1 mile with no limping or pain
- •Able to "hop" with UE assist on operative leg 5 times without pain or compensation
- •SL balance with eyes closed 30 seconds without loss of balance



Return to Agility/Change of Direction Criteria

- Return to running criteria listed above met
- No effusion
- •Full ROM
- •Quad LSI on isokinetic ≥85%
- Hamstring LSI on isokinetic ≥85%
- •LSI on anterior reach Y-balance \geq **95%**
- •SL hopping pain-free and effusion free

Return to Sport Criteria

- In order to test must demonstrate full AROM, no pain, no/trace effusion, 5/5 strength, negative lachman and pivot shift, LSI ≥95% hamstring curl and leg press
- •Quadricep strength ≥95% of contralateral side (< 2cm of atrophy)
- Able to perform single leg squat with correct form
 LSI SL hop ≥95%
- •Y-Balance ≥95% (mean of 3 trials in anterior, posterolateral, posteromedial /100)
- •Vertical jump test, single leg hop distance, and timed single leg hop over 20 -feet ≥90% of contralateral side

