

Medial Collateral Ligament Repair/Reconstruction Protocol

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Week 0-6:

Goals: Control inflammation and pain, Protect soft tissue and fixation/reconstruction Restrictions: Brace on at all times during day and while sleeping, apart from therapy. Weight bearing: TTWB (20%) with immobilizer or hinged knee brace locked in extension Motion: Maintain full extension and may increase flexion 0-90 degrees active/assisted knee flexion, quad sets, ankle pumps Strength: None at this time

Weeks 6-12:

Goals: Increase ROM, Progress to full Weight bearing, Decrease swelling, Establish normal gait with unlocked brace, Discontinue crutches at 6 weeks as tolerated.

Restrictions: Brace use at all times until 8 weeks.

Weight bearing: Increase to FWB as tolerated with normalized gait pattern.

Motion: Full ROM, stationary bike

Strength: Mini-squats with support 0-45 degrees, Wall-sits 0-45 degrees, Hi abduction with no resistance below knee, walking, hip/core

Months 3-4:

Goals: Improve confidence in the knee, Protect Repair/Fixation, Progress with strength, power, and proprioception

Restrictions: Avoid valgus stress through knee, no cutting/pivoting

Motion: Full as tolerated

Strength: Begin pool jogging, and can start running once able to perform 20 repetitions of operative extremity single leg squat to greater than 60 degrees of flexion with good control, Incorporate additional aerobic exercises, Walk/jog intervals, Core, glutes, increase resistance, step-downs, Begin agility drills and plyometrics at 4 months

Months 4-5:

Goals: Treadmill walk 1-2 miles at moderate pace

Motion: Unrestricted

Strength: Progress closed chain exercises, Progress to running on land per above criteria, Begin to incorporate large zig-zags/cutting drills into agility training, Advance heights with plyometric conditioning, Sports specific drills (start a 25% on speed and advance as tolerated)

Months 6-9+:

Goals: Return to competitive activities, Continue to progress strength, power and proprioception



Restrictions: Physician to give clearance for sports simulation and coordination between physician and physical therapy is critical for recovery

Strength: Progress closed chain exercises, jogging and running, large zig-zags/cutting drills into agility training, slide boards, advance heights with plyometric conditioning, leaping, hopping, sports specific drills (start at 25% on speed and advance as tolerated)

ULTIMATE GOAL: achieve maximum strength and Criteria for Return to Sports (likely no sooner than 9 months): Full range of motion, no effusion, quad and hamstring comparison to contralateral strength/limb symmetry index is greater than 90%, No medial side symptoms