

MCL Repair
REHABILITATION PROTOCOL
Dr. Aukerman (REVISED 3/21/18)

ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:

- **Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member to don/doff stocking**
 - **May discharge when no swelling or effusion- typically 3-4 weeks p/o**
- **Stress early knee extension. Should reach full knee ext by 2 weeks post-op.**
- **Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.**
- **All multi-ligament reconstructions on ASA 325 p/o daily X2 weeks unless contraindicated (i.e. Coumadin, Bloodthinners, Allergies)**

Repair of the MCL is commonly completed with another surgery such as ACL repair. In which case, follow the guidelines of the other protocol with the additional restrictions of this one.

Date of Surgery: _____

Phase One: 0-6 weeks

- Begin early and immediate ROM 0-90 degrees in the initial days post-op.
- Progress ROM as tolerated unless other protocol overrides this (such as meniscal repair)
- Patellar mobs 2 weeks
- Scar mobs begin 4-6 weeks when adequate healing
- Post operative hinged brace locked in extension for ambulation, may unlock for ambulation when patient has good quad control.
- Can unlock brace while sitting etc. immediately post op.
- Post operative hinged brace worn all the time day and night for 6 weeks
- Wean out of T-scope at 6-8 weeks.

Phase Two: 6-8 weeks

- Will switch to functional brace (CTI or playmaker depending upon ACL) at 6-8 weeks post op.
- Continue functional brace for an additional 6 weeks post op.

Last Updated: 3/22/18