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Procedure: _____

PT PROTOCOL

Knee MCL Injury — Non-Operative

Rehabilitation Protocol

Weight-Bearing Status

ONLY IF DIFFERENT FROM PROTOCOL BELOW

Weight-bearing status and crutch use for an MCL injury are grade- and physician-directed, and may range from restricted weight-bearing to weight-bearing as tolerated. Follow the weight-bearing status in the phases below unless a different status is indicated here.

☐ **Non-weight-bearing** ☐ **Toe-touch / partial weight-bearing** ☐ **Weight-bearing as tolerated**

Brace/precautions: _____

1 — 2

Grade 1: 0–3 Wks
Grade 2–3: 0–6 Wks
Protect & regain motion; short-hinged brace, gentle strengthening

Grade 1: 3+ Wks
Grade 2–3: 6+ Wks
Progressive strengthening, single-leg work, return to running/sport

Milestones above are goals, not guarantees; timing depends on injury grade and is guided by the treating physician.

Phase 1 — Grade 1: Weeks 0–3 · Grade 2–3: Weeks 0–6

Weight-Bearing: Crutches and restricted weight-bearing as instructed by the physician; progress off crutches once able to walk without a limp or pain.

Brace: Short-hinged brace, worn 3–6 weeks depending on severity; discontinue along with crutches once walking without a limp or pain, per physician.

Range of Motion

- Gradually regain knee motion as pain and swelling decrease; avoid pivoting or twisting, as the knee may feel unstable.
- Around 2–3 weeks, begin active stretching to regain motion (heel prop, heel slides with towel assist).

Therapeutic Exercises

- Stationary bike, no resistance, up to 10–15 minutes, 5–7 days/week; swimming (flutter kick only) as tolerated.
- Range of motion/strengthening (brace off), 5–7 days/week: quad sets, heel prop, heel slides with towel assist, straight leg raises, short-arc lift, standing hamstring curl, standing toe raises, hip abduction, partial squats, wall slides.
- Ice 20 minutes 3x/day (with a towel barrier), elevation, and compression stockings for swelling.

Phase 2 — Grade 1: Week 3+ · Grade 2–3: Week 6+

Weight-Bearing: Full, once criteria above are met.

Therapeutic Exercises

- Continue range of motion/strengthening, 3 days/week: quad sets, heel prop, prone hang, heel slides, straight leg raises, short-arc lift, standing hamstring curl, single-leg standing toe raises, hip abduction, squat to chair, wall slides.
- Single-leg strengthening progression, every other day: step-ups (2–3" progressing to standard stair height), single-leg wall slide to ~45° flexion, single-leg squat to chair — each progressing from 3×5 to 3×10, then adding dumbbell resistance (starting at 3 lb/hand, up to 10 lb/hand).
- Stretching 5–7 days/week: hamstring, quadriceps, and calf stretches.
- Optional gym equipment progression, added around 6 weeks: leg press, Roman chair, knee extension machine (short-arc only), hamstring curl, calf raise, hip flexor/abductor/adductor machines.
- Cardiovascular conditioning 1–2 days/week, 20–30 minutes: bike, walking, rowing, elliptical, or water workout.
- *Use caution with open-chain knee extension, stair climber, lunges, squats past 90° of flexion, and high-impact/plyometric activity until cleared. Avoid pain at the patellar tendon or patella; progress resistance and reps gradually.*

Return to Sport

- Return-to-running, jump/plyometric, and speed/agility progressions begin with the approval of the physician and physical therapist.
- Once 3×10 is achieved on all single-leg strengthening drills with full resistance, transition into sport-specific work; on return to sport, strengthening drops to a maintenance dose of 2x/week.