



Keith T. Corpus, MD

MCL Injury: Non-Operative

This information and protocol is a guideline, individual variations and changes will apply

This program may be accelerated for Grade I MCL sprains or may be extended depending on the severity of injury. An increase in pain, swelling, or loss of ROM suggests that progression of the program may be too fast.

PHASE I (WEEKS 1-2)

MAXIMAL PROTECTION PHASE

GOALS:

- Decrease pain and inflammation
- Early protected ROM
- Prevent quadriceps atrophy
- Patient education

PRECAUTIONS:

- Crutches (PRN): WBAT
- Hinge knee brace (PRN)
- Avoid Valgus load and ER lower leg
- Pain free ROM

TREATMENT RECOMMENDATIONS:

- Range of Motion: PROM and AAROM
- Strengthening: Initially isometrics then progress
- Modalities: PRN
- HEP

MINIMUM CRITERIA FOR ADVANCEMENT:

- No increased instability
- No increased swelling
- Minimal tenderness
- PROM at least 10-100°

PHASE II (WEEKS 2-3)

MODERATE PROTECTION PHASE

GOALS:

- Full pain free ROM
- Restore strength
- Ambulate without crutches

PRECAUTIONS:

- Crutches (PRN): WBAT
- Hinge knee brace (PRN)
- Avoid Valgus load and ER lower leg
- Pain-free ROM



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TREATMENT RECOMMENDATIONS:

- Continue and advance ROM and strengthening. Emphasize closed chain exercises.
- Flexibility exercises: hamstrings, quads, ITB, etc.
- Proprioception training
- Endurance work
- HEP

MINIMUM CRITERIA FOR ADVANCEMENT:

- No instability
- No swelling
- Full painless ROM

PHASE III (WEEKS 3-6)

MINIMAL PROTECTION PHASE

GOALS:

- Full strength and ROM
- Gradual increase to full activity level

PRECAUTIONS:

- Pain free activities

TREATMENT RECOMMENDATIONS:

- Continue flexibility, strengthening, proprioception training
- Initiate sport/activity specific activity drills
- HEP for maintenance

MINIMUM CRITERIA FOR ADVANCEMENT:

- Full ROM
- No effusion
- No instability
- Muscle strength 85% contralateral side
- Satisfactory proprioception
- No tenderness over MCL

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