



Jordan M. Meiss, MD

MCL Injury: Non-Operative

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

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
- Painfree 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 painfree ROM
- Restore strength
- Ambulate without crutches

PRECAUTIONS:

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

TREATMENT RECOMMENDATIONS:

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



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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:

- Painfree 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