

MCL Injury: Non-operative

Postop	Goals	Precautions	Exercises/Interventions	To Advance
Phase 1 Weeks 1 – 2 1-2x/ week HEP 1-2x per day	Decrease pain/inflammation Early protected ROM Prevent quadriceps atrophy Patient education	Crutches: PRN (WBAT) Hinge knee brace (PRN) Avoid Valgus Load Avoid ER lower leg Pain-free ROM	PROM/AAROM Strength: isometrics Modalities: PRN HEP	No increased instability No increased swelling Minimal tenderness PROM 10° - 100°
Phase 2 Weeks 2 – 3 1-2x/ week HEP 1-2x per day	Full pain-free ROM Restore strength Ambulate without crutches	Crutches: PRN (WBAT) Hinge knee brace (PRN) Avoid Valgus Load Avoid ER lower leg Pain free ROM	Advance ROM/strength Closed chain exercises Resisted hip ABD/ADD Ankle exercises Hamstring/calf in NWB Flexibility exercises for hamstrings, quads, ITB Proprioception training Endurance work HEP	No instability No swelling Full painless ROM
Phase 3 Weeks 3 - 6 1-2x/week HEP 1-2x per day	Full strength Full ROM Gradual increase to full activity level	Pain-free activities	Continue exercises Initiate sport training HEP	Full ROM No effusion No instability Muscle strength 85% when compared to the non-involved limb specifically for quadriceps and hamstrings Good proprioception No tenderness over MCL

Concomitant Procedures/Considerations:

- Grade III tear limit knee flexion ROM to 0 – 90 degrees for 0 – 4 weeks then progress to full range of motion.