



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

MCL Grade 1 ACCELERATED (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University
Sports Medicine, Cartilage Restoration, Shoulder/Elbow

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202

IU Health North – 201 Pennsylvania Pkwy #100, Carmel, IN 46280

317-944-9400

www.bryansaltzmanmd.com

Patient Name: _____ **Date:** _____

Evaluate and Treat

Provide patient with home program

Frequency: 2-3 x/week x 6 weeks

Guidelines:

- Rehabilitation must be highly individualized.
- Quadriceps strength is related to return to sport and patient satisfaction.
- Protect the patellofemoral joint.
- Early considerations: Quadriceps sets, straight leg raises, biofeedback, electrical stimulation for quads, avoid open-chain exercises.



- 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, Protection Phase

- Goals:
 - Decrease pain and inflammation
 - Early protected ROM
 - Prevent quadriceps atrophy
- Precautions:
 - Crutches (PRN): WBAT
 - Hinge Knee Brace (PRN)
 - Avoid Valgus load and ER of lower leg
 - Pain free ROM
- Treatment Recommendations
 - Range of Motion: Progress PROM and AAROM as tolerated
 - Strengthening: Initially isometrics then progress
 - Modalities: PRN
 - HEP
- Minimal Criteria for Advancement
 - No increased instability
 - No increased swelling
 - Minimal tenderness to palpation
 - PROM at least 0-100°

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 of lower leg
 - Pain free ROM
- Treatment Recommendations
 - Continue and advanced ROM and strengthening. Emphasize closed chain exercises.
 - Flexibility exercises: Hamstrings, quads, ITB, etc.
 - Proprioceptive training
 - Endurance work
 - HEP



- Minimal Criteria for Advancement
 - No instability
 - No increased swelling
 - Full painless ROM

Phase III: Weeks 3-6, Minimal Protection Phase

- Goals:
 - Full strength and ROM
 - Gradual increase to full activity level
- Treatment Recommendations
 - Continue flexibility, strengthening and proprioception training
 - Initiate sport/activity specific drills
 - HEP for maintenance
- Minimal Criteria for Advancement
 - Full ROM
 - No effusion
 - No instability
 - Muscle strength 85% of contralateral side
 - No tenderness over MCL

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient would X would not benefit from social services.

Date: _____

Bryan M. Saltzman, MD