



# Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## **MCL / LCL / PLC TEAR (NON-OP) – 2-WEEKS POST-INJURY**

### **NON-OP PHYSICAL THERAPY PROTOCOL**

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317-944-9400

[www.bryansaltzmanmd.com](http://www.bryansaltzmanmd.com)

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Evaluate and Treat                       Provide patient with home program

Frequency: 2-3 x/week x 4 weeks

**Modalities:**

Phonophoresis with 0.05% Fluocinonide

Iontophoresis with 4mg/ml Dexamethasone

Ultrasound



Electrical Stimulation

**Exercises:**

ACL Exercise Program (*with brace on, see restrictions*)

**Weightbearing:**

Touchdown

**Special Instructions:**

*Gradual increase in weight-bearing (always with brace on), 25% WB increase/week x 4 weeks  
Gradually progress ROM to full (all stretching with brace on)*

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

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Bryan M. Saltzman, MD**