HaysMed

MCL Sprain (Grade III)

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

PHASE I (Immediate)

Week 1 - 2

Orthotics-
1. Knee Immobilizer until MCL-type functional hinged brace is available
2. Rigid hinged brace may be set to allow 45 to 90 degrees flexion only

Weight Bearing-
1. Toe Touch as tolerated with use of crutches

Modalities (PRN)-
1. Electrical Stimulation
2. Compression and elevation for pain and edema control
3. Ice for 10-20 minutes post-activity

ROM-
1. Progress active and passive ROM from 0 to 90 flexion

Exercises-
1. Quad sets, Hamstring sets
2. Heel slides / Wall slides to progress ROM within restrictions
3. Prone Hangs, calf and hamstring stretching, heel prop to improve extension
4. Ankle pumps
5. Isometric Quads
    a. At 30, 60, and 90 flexion
6. May use Electrical stimulation if needed to assist with Quad firing

PHASE II (Intermediate)

Week 3 – 4

Orthotics-
1. MCL brace for all weight bearing activity and for exercise
2. ROM in the brace set from full extension to 90 of flexion

Weight Bearing-
1. Should progress to full weight bearing with normal gait in brace

Modalities (PRN)-
1. Continue Phase 1 modalities as needed

(Cont'd weeks 3-4)

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ROM-
1. Active and passive ROM from 0 to 90 flexion

Exercises-
1. Progress Phase I exercises
2. Initiate straight leg raises (in brace), progress resistance as tolerated
    a. Flexion, Extension, Abduction
    b. NO Adduction
3. Eccentric / Concentric Hamstring exercises within ROM restriction
4. Short Arc Quad, progress resistance as tolerated
5. Multi-Hip machine
    a. Resistance must be kept above knee height

PHASE III (Strengthening)

Week 5 – 6

Orthotics-
1. MCL brace for all weight bearing activity and for exercise
2. ROM should be gradually increased to full flexion, as tolerated

Weight Bearing-
1. Should be full weight bearing with normal gait in brace

ROM-
1. Progress active and passive knee ROM to full as tolerated

Exercises-
1. Advance Phase II exercises as tolerated
2. Standing proprioception exercises as weight bearing allows
3. Stationary Bike, Elliptical, Nu-Step
4. Closed Chain exercises
    a. Shuttle / Leg Press (Bilateral only, low resistance)
    b. Mini-Squats
5. Initiate Isotonic Open Chain hamstring exercises, light resistance

Week 7 – 8

Exercises-
1. Progress closed chain activities to include:
    a. Step Ups
    b. Lunges
2. Progress open chain exercises to full arc
    a. LAQ, LAH
    b. Weight stations
3. Initiate Isokinetic strengthening
    a. 180 to 300 degrees per second
4. Begin straight ahead jogging

PHASE IV (Advanced Strengthening)

Week 9+

Orthotics-

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1. May discontinue brace for daily activity
2. Continue use of MCL brace for rehabilitation, sport, and high-risk activity

Exercises-

1. Advance Phase III exercises as tolerated
2. Aggressive Isotonic strengthening
3. Initiate functional sport activity
    a. Bounding, Jumping, Plyometrics
    b. Interval Running or sports programs
    c. Progress to lateral sport movements and cutting activities
    d. DIME warmup
4. Criteria to be released for return to sport
    LE functional test per physician request (Goal: 90% of uninvolved leg)
    See LE functional test protocol
    ***Please complete functional testing form and return to physician**

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