

Hospital for Special Surgery  
HSS-Main Campus  
523 East 72<sup>nd</sup> St Ground Fl.  
New York, NY 10021



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HSS-Brooklyn  
148 39<sup>th</sup> St, 7<sup>th</sup> Fl.  
Brooklyn, NY 11232

**DR. GABRIELLA ODE**

Sports Medicine & Shoulder Surgery

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**PHYSICAL THERAPY PROTOCOL  
MCL REPAIR/RECONSTRUCTION**

<p><b>PROCEDURE</b></p>	<p>Date of Surgery: _____  R L B/L Knee Arthroscopy, MCL Repair/Reconstruction</p> <p><b>Additional Procedures:</b>  <input type="checkbox"/> Meniscus Repair - <input type="checkbox"/> Medial <input type="checkbox"/> Lateral  <input type="checkbox"/> ACL Reconstruction  <i>If procedure combined with ACL reconstruction, combine protocol instructions and follow more conservative recommendations.</i></p>	<p><b>PLAN</b></p> <p>Physical Therapy for R L B/L Lower Extremity</p> <p>2-3x Per Week x 12 Weeks</p>
<p><b>General Guidelines</b></p>	<p>Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant procedures such as additional ligament reconstruction, meniscal repair and articular cartilage procedures may alter the guideline. Follow physician's modifications as prescribed</p>	
<p><b>PHASE I (Weeks 0-4)</b></p>	<p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>• Protect flexion</li> <li>• Restore ambulation &amp; ADL status</li> <li>• Progressive weightbearing</li> <li>• Control post-operative pain / swelling</li> <li>• Prevent quadriceps inhibition</li> <li>• Promote independence in home therapeutic exercise program</li> </ul> <p><b>RANGE OF MOTION</b></p> <ul style="list-style-type: none"> <li>• <b>0-1 weeks</b> - Flexion allows: 0-30</li> <li>• <b>1-2 weeks</b> - Progress flexion to 60 degrees</li> </ul>	<p><b>PRECAUTIONS:</b></p> <ul style="list-style-type: none"> <li>• Avoid ambulation without brace locked @ 0°</li> <li>• Avoid heat application</li> <li>• Avoid prolonged standing/walking</li> </ul> <p><b>WEIGHTBEARING:</b></p> <ul style="list-style-type: none"> <li>• <b>Week 1</b> - Weight bearing as tolerated with foot flat with the aid of <u>both crutches</u></li> <li>• <b>Week 2</b> - Weight bearing as tolerated with foot flat with the aid of <u>single crutch</u>.</li> <li>• <b>Discontinue crutches</b> after patient demonstrates good quadriceps control.</li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>2-4 weeks</b> - Progress flexion to 90 degrees</li> <li>• <b>4+ weeks</b> - Full ROM (90+)</li> </ul> <p><b>TREATMENT RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>• Towel under heel for knee extension, A/AAROM for knee flexion, patella mobilization, quadriceps re-education (NMES and /or EMG), hip progressive resisted exercises, proprioception training, short crank bike, SLR supine (with brace locked to without brace), SLR all planes, cryotherapy for pain and edema. Okay for blood flow restriction therapy.</li> <li>• Emphasize patient compliance to HEP and weight bearing precautions/progression</li> </ul>	<p><b>BRACE USE:</b></p> <ul style="list-style-type: none"> <li>• <b>0-2 weeks</b> - Brace locked at 0 deg until 10 straight leg raises</li> <li>• <b>2-4 weeks</b> - Open brace to 60 deg *with good quad control</li> <li>• <b>4+ weeks</b> - Open to full &amp; d/c when gait is normal</li> </ul>
<p><b>PHASE II</b> <b>(Weeks 4-12)</b></p>	<p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>• Improve Strength</li> <li>• Initiate Jogging Program</li> </ul> <p><b>RANGE OF MOTION:</b></p> <ul style="list-style-type: none"> <li>• Progress to full flexion</li> </ul> <p><b>TREATMENT RECOMMENDATIONS</b></p> <p><b>Strengthening:</b></p> <ul style="list-style-type: none"> <li>• Short-arc leg press, step-ups, &amp; romanian deadlifts (rdl)</li> <li>• Squat progression (bodyweight squats -&gt; single leg squats)</li> <li>• Resisted hip abduction lateral band walks</li> <li>• Core exercises (v-ups, single-leg bridging)</li> </ul>	<p><u>MINIMUM CRITERIA FOR AMBULATION WITHOUT ASSISTIVE DEVICE:</u></p> <ul style="list-style-type: none"> <li>• 2 weeks post-surgery &amp; pain less than 3/10 (worst)</li> <li>• At least 0 deg knee extension &amp; 75 deg knee flexion</li> <li>• ≥ 30 straight leg raises without lag</li> <li>• Perform at least 20 sec of single leg balance</li> <li>• MD or PT approval</li> </ul> <p><u>MINIMUM CRITERIA FOR JOGGING</u></p> <ul style="list-style-type: none"> <li>• At least 10 weeks post-surgery</li> <li>• Pain less than 3/10 (worst)</li> <li>• Within 2 deg normal knee extension &amp; 120 deg knee flexion</li> <li>• Quadriceps &amp; hamstring strength &gt; 60 % normal</li> <li>• Perform at least 1 minute of single leg squats</li> <li>• MD or PT approval</li> </ul>

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	<p><b>Conditioning:</b></p> <ul style="list-style-type: none"> <li>Stationary biking - initiate at 110 degrees flexion</li> <li>Elliptical &amp; rowing machine</li> </ul>	
<p><b>PHASE III (Weeks 12-16)</b></p>	<p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>Introduce dynamic and power movements</li> </ul> <p><b>TREATMENT RECOMMENDATIONS</b></p> <p><b>Strengthening:</b></p> <ul style="list-style-type: none"> <li>Gym specific strengthening (barbell squats &amp; deadlifts)</li> <li>Biodex quad &amp; hamstring fatigueing protocols</li> <li>Core exercises (mountain climbers, planks, v-ups)</li> </ul> <p><b>Conditioning:</b></p> <ul style="list-style-type: none"> <li>Road or stationary biking</li> <li>Jogging program</li> <li>Swimming (progress kicking gradually &amp; pain-free)</li> <li>Plyometrics and light agility -- ladder drills, box jumps (up to 12"), side shuffle</li> </ul>	<p><b>PRECAUTIONS:</b></p> <ul style="list-style-type: none"> <li>Avoid pain with therapeutic exercise &amp; functional activities</li> </ul> <p><b>MINIMUM CRITERIA FOR ADVANCEMENT TO HEAVY AGILITY &amp; SPORT SPECIFIC MOVEMENTS</b></p> <ul style="list-style-type: none"> <li>≥ 16 weeks post-surgery</li> <li>Pain less than 2/10 (worst)</li> <li>Quad &amp; ham strength &gt; 80 % normal; &gt; 50% h/q ratio for females</li> <li>At least 3 minutes of single leg squats (resisted)</li> <li>&lt; 5 on landing error scoring system (less)</li> </ul> <p>MD or PT approval</p>
<p><b>PHASE IV (Weeks 16+)</b></p>	<p><b>GOALS:</b></p> <p>Initiate sports specific movements &amp; return to play</p> <p><b>TREATMENT RECOMMENDATIONS</b></p> <p><b>Strengthening:</b></p> <ul style="list-style-type: none"> <li>Progress gym strengthening (barbell squats, deadlifts, etc)</li> <li>Biodex quad &amp; hamstring fatigue protocols &amp; core exercises</li> </ul>	<p><b>RECOMMENDED CRITERIA FOR RETURN TO PLAY:</b></p> <ul style="list-style-type: none"> <li>Pain less than 2/10 (worst)</li> <li>Quad &amp; ham strength &gt; 90 normal; &gt; 60% h/q ratio for females</li> <li>90% normal on all single-leg hop tests</li> <li>95% normal on figure of 8, 5-10-5 pro-agility, &amp; s-l vertical jump</li> <li>MD or PT approval</li> </ul>

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**Conditioning:**

- Jogging, biking, & swimming
- Interval sprint workouts

**Plyometrics & Agility (2-3 Days/Week):**

- Max effort box jumps (progress with rotatio)
- Lateral & rotational agility
- Single-leg hops
- Unpredictable cutting & contact drills