Grade I MCL Protocol

Week one	Week Two
Initial Evaluation	Evaluate
 Range of motion/Joint instability Ability to contract quad/vmo Gait Patella mobility Pain/Joint effusion Assess RTW and functional expectations 	 Pain/Joint effusion Standing balance Range of motion
 Support Physician prescribed meds May need to use short brace due to pain, per physicians discretion Discuss frequency and duration of treatment 1-2 times per week for3-4 weeks 	
Therapeutic Exercise	Therapeutic Exercise
 Initiate bicycle (do not force flexion) Initiate isotonic exercise including multi hip, leg press, heel raises, and hamstring curl Single leg static balance activity Manual Techniques Any manual techniques as needed 	 Initiate isotonic exercise including multi hip, leg press, heel raises, and hamstring curl Add single leg static balance activity Progress to closed chain exercises on unstable surfaces Cardiovascular training (bike, swim and elliptical)
Modalities	
Any modalities as needed for pain	
Aquatics	Aquatics
 Shallow Water: Walking forward/backward/sideways with a focus on proper gait mechanics Closed chain LE exercises: Mini squats, toe raises, partial/modified lunges, step-ups Open chain exercises for the knee/hip/ankle avoiding valgus stress on knee. Balance/Proprioception: Resisted upper extremity push/pull in single plane Deep Water: Open chain exercises: Bicycling, running, splits, knees to chest, etc. Closed chain exercise: Two legged kickboard squat, standing barbell propulsion, etc. 	 Shallow Water: Considered adding hydrocuff for assistance Progress week 1 exercises with resistance (fins/cuffs/tethers) Balance exercises progressed to push/pull with kickboard/UE resistance in diagonal plane. Progression to single leg stance / eyes closed Deep Water: Continue Week 1 exercises Squats on kickboard progressing to one leg, or addition of 180's/360's
Goals	Goals
 Control pain Reduce effusion/inflammation Normal gait pattern Gain full knee extension 	 No pain with ADL's 4+/5 strength with manual testing Normal ROM

Weeks Three to discharge

Evaluate

- Any excessive joint laxity
- Any functional testing Functional hop test for time/distance
- Address any deficits that may limit return to work or sport goals
- ➢ HEP compliance

Therapeutic Exercise

- Single leg dynamic balance activity (OTIS/IT IS airex activities)
- Single leg isotonic exercises
- Begin agility and sport specific activity
- Continue strength and conditioning
- Progress to plyometrics, running, and cutting activity when normal manual muscle test, passing functional hop test, and full agility without pain
- Encourage participation in the CFA

Aquatics

- Shallow and Deep Water Exercises:
 - Progress week 1 and 2 exercise
 - (fins/cuffs/tethers)
 - $\circ \quad \text{Sport/work specific simulated activities} \\$

Goals

- Good stability across tibiofemoral joint
- ▶ Full strength with manual and functional testing
- Discharge with full return to work or sport activity orders

References:

- Kim, Eunkuk & Kim, Taegyu & Kang, Hyunyong & Lee, Jongha & Childers, Martin. (2010). Aquatic Versus Land-based Exercises as Early Functional Rehabilitation for Elite Athletes with Acute Lower Extremity Ligament Injury: A Pilot Study. PM & R : The journal of injury, function, and rehabilitation. 2. 703-12. 10.1016/j.pmrj.2010.03.012. 2009
- Reider, B., Sathy, M. R., Talkington, J., Blyznak, N., & Kollias, S. (1994). Treatment of Isolated Medial Collateral Ligament Injuries in Athletes with Early Functional Rehabilitation: A Five-year Follow-up Study. *The American Journal of Sports Medicine*, 22(4), 470–477.