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## Physical Therapy Protocol: ACL Reconstruction with MCL Reconstruction

### Philosophy:

The ACL/MCL rehabilitation program emphasizes progressive restoration of symmetric knee function. The goal is to maintain stability, achieve full motion, safely rehabilitate the knee, and avoid harvest site complications. As the strength and agility returns, the patient may go back to doing what they enjoy. Even when the formal rehabilitation program comes to an end, keeping the knee strong and stable takes a lifelong commitment. It may take a year or more of steady exercise to regain the full use of the knee.

### *Phase I, Post-Op 0-2 Weeks*

#### **OSMS appointments:**

- MD visit at 2 weeks with post-op film
- Physical therapy will begin as directed by your physician and as indicated on your physical therapy order

#### **Rehabilitation Goals:**

- Non weight-bearing with locked brace in extension
- Post-op brace is worn for 2 weeks locked in extension while ambulating and sleeping. This will protect the graft during early incorporation as well as the donor site.
- Reduce swelling using cryocuff.

#### **Precautions:**

- Brace locked for ambulation and sleeping

#### **Range-of-Motion Exercises:**

- 0-90°
- Emphasis on full extension, passive knee flexion only

#### **Suggested Therapeutic Exercises:**

- Patellar mobilization 5-10 minutes a day
- Straight leg raises in the locked post-op brace. Three sets of 10, 3 times a day.
- Quad sets
- Ankle pumps

#### **Progression Criteria:**

- Patient may progress to phase II after 2 weeks if they have pain well-controlled

## ***Phase II, (after Phase I criteria met, usually 2-6 weeks)***

### **OSMS appointments:**

- MD appointment at 6 weeks
- Physical therapy appointments remain every 5-7 days

### **Rehabilitation Goals:**

- TWB to 50% WB with crutches
- Brace remains locked at 0

### **Precautions:**

- Remain locked in brace for ambulation and sleeping
- OK to progress to 50% WB with crutches

### **Range-of-Motion Exercises:**

- 0-125°
- Maintain full extension

### **Suggested Therapeutic Exercises:**

- Active knee extension exercises from 40°

### **Cardiovascular Exercises:**

- UE ergometry
- Core strengthening

### **Progression Criteria:**

- Patient may progress to phase II after 6 weeks if they have pain well-controlled and demonstrate progressive quadriceps control

## ***Phase III, (after Phase II criteria met, usually 6-14 weeks)***

### **OSMS appointments:**

- MD appointment at 12 weeks
- Physical therapy appointments every 5-7 days, and progresses to home program

### **Rehabilitation Goals:**

- Discontinuation of crutches when gait is non-antalgic
- Dual limb, then single limb control

### **Precautions:**

- OK to discontinue brace at 8 weeks while in safe environment, but brace remains unlocked while out of the house until week 12
- Avoid valgus moments to continue to protect the repaired MCL

**Range-of-Motion Exercises:**

- AAROM, OK to advance at 12 weeks to quad stretching, proprioception (perturbations)

**Suggested Therapeutic Exercises:**

- Weeks 6-10: Initiate hamstring strengthening, progressive mini-squats and weight shifts, proprioceptive training, begin a step-up program, standard ergometry (170mm)
- Weeks 10-14: Initiate a step-down program, leg presses and lunges, isotonic knee extensions (90°-40° and closed chain preferred), retrograde treadmill ambulation

**Cardiovascular Exercises:**

- Aquacisor (gait training), or retrograde treadmill

**Progression Criteria:**

- Patient should be pain-free with minimal swelling and demonstrate a non-antalgic gait

***Phase IV, (after phase III criteria met, usually 14+ weeks)***

**Rehabilitation Goals:**

- Agility exercises (sport cord)
- Begin a forward running program when 8" step-down is satisfactory
- Continue LE strengthening, flexibility, proprioceptive and agility programs
- Initiate agility drills and cutting activities.
- Initiate plyometric program
- Advance agility and sport-specific programming
- Return to sport is surgeon directed after 22 weeks
- Maintenance exercise program