

ACL and MCL Repair

Physical Therapy Protocol

Phase I – Protection Phase (Weeks 0–2)

Goals:

- Protect surgical repair of ACL and MCL.
- Minimize swelling and pain.
- Prevent stiffness and quadriceps atrophy.
- Initiate controlled motion.

Precautions / Restrictions:

- **Weight Bearing:** Non-weight bearing (NWB) with crutches at all times.
- **Brace:** Locked in full extension (0°) at all times, including during sleep.
- **Range of Motion:** Passive only, 0–90°; no active knee flexion.
- Avoid varus and valgus stress to the knee.

Therapeutic Exercises:

- Ankle pumps.
- Quadriceps sets.
- Hamstring sets.
- Straight leg raises (in brace).
- Heel slides to 90° (passive only).
- Patellar mobilizations.

Modalities:

- Ice and compression.

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- E-stim for quadriceps activation.

Phase II – Early Motion Phase (Weeks 2–6)

Goals:

- Increase passive ROM to full.
- Initiate neuromuscular control.
- Maintain protection of ACL and MCL healing structures.

Precautions / Restrictions:

- **Weight Bearing:** Continue non-weight bearing (NWB) with crutches.
- **Brace:** Locked in extension when ambulating.
- Avoid open-chain knee extension.
- Avoid resisted hamstring work.

Therapeutic Exercises:

- Progress passive ROM: heel slides and wall slides.
- Continue quad and hamstring isometrics.
- Begin terminal knee extension.
- Core and hip strengthening without abduction/adduction.
- Balance board or proprioceptive drills (non-weight bearing position only).

Modalities:

- Continue cryotherapy, compression, and e-stim as needed.

Phase III – Controlled Motion Phase (Weeks 6–12)

Goals:

- Achieve full ROM.
- Normalize gait pattern.
- Improve strength and neuromuscular control.

Precautions / Restrictions:

- **Weight Bearing:** Initiate weight bearing at Week 6 and progress as tolerated.
- **Brace:** May be unlocked starting Week 6; range of motion should follow patient’s achieved ROM in therapy.
- Avoid high-impact activities.
- Continue to avoid open-chain terminal knee extension against resistance.

Therapeutic Exercises:

- Stationary bike (with appropriate seat height).
- Step-ups and mini-squats in closed-chain range.
- Gait training with progressive WB.
- Proprioceptive and balance drills (e.g., weight shifts, balance board).
- Initiate resistance training for core, hips, and lower extremity as tolerated.

Phase IV – Advanced Strengthening (Weeks 12–20)

Goals:

- Enhance muscular strength and endurance.
- Improve single-leg control and coordination.
- Prepare for return to higher-level function.

Precautions / Restrictions:

- **Weight Bearing:** Full weight bearing without assistive device if gait is normalized.
- Avoid high-impact activities until cleared.

Therapeutic Exercises:

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Minimally Invasive Joint Specialist

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- Resistance training for quads, hamstrings, and hips.
- Lateral movements, lunges, and agility drills.
- Plyometric drills (box jumps, jump lunges) as tolerated.
- Progress single-leg balance and strength.

Phase V – Return to Sport Phase (Weeks 20+)

Goals:

- Return to full, unrestricted athletic activity.
- Safely transition to sport-specific movements.

Precautions / Restrictions:

- **Weight Bearing:** Full weight bearing.
- Must pass strength and functional milestones before return to high-impact sports.

Criteria to Return:

- Full, pain-free ROM.
- Strength $\geq 90\%$ of contralateral leg.
- No instability during dynamic movement.
- Clearance from physician and physical therapist.

Therapeutic Activities:

- Running progression.
- Agility ladders, cutting, and directional change drills.
- Sport-specific training and reactive control exercises.

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