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Isolated Grade I MCL Protocol:

First 48 – 72 hrs

- Rest, cryotherapy/ice, compression (tubigrip), elevation
- Hinged knee brace
- PO NSAID

After Resolution of Swelling:

- Begin gentle range of motion, patella mobilization
- E-stim, Hivamat, quad sets, straight leg raises
- Partial weight bearing once swelling/pain controlled and quickly advance to full weight bearing as pain allows
- Start normal walking once gait normalized and knee ROM at least 90 degrees

After Gait Normalized and ROM at Least 90 Degrees:

- Closed kinetic chain exercises, light treadmill jogging
- Static proprioceptive exercise
- Once able to run at 75% max speed and pain-free, begin figure 8 drills at 20 yards, then progress to 10 yard figure 8 drills
- If pain-free, progress to cutting drills at 45 degrees, then 90 degree cutting drills
- Goal to achieve full ROM and approximately 80% strength of opposite side before returning to sport participation
- Continue to strengthen and dynamic proprioception until patient has achieved confidence to return to play
- May discontinue brace once agilities are completed without pain

Clear for Attempt to Return to Full Participation After:

- Normal ligamentous exam
- No pain with sport/activity agilities

Functional Running Program:

*Begin after full range of motion, full weightbearing without pain, and pain-free jogging has been achieved

- Jog 1 mile
- Five successive 80 yard sprints at ½ speed
- Five successive 80 yard sprints at ¾ speed
- Five successive 80 yard sprints at full speed
- Five zigzag sprints at ½ speed

Note: Return to play may take up to 3 weeks

1

Adapted from Giannotti BF. American Journal of Sports Medicine 2006.

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