

Physical Therapy Prescription MCL Tear Rehab

Patient Name:

Date:

Dx: (LEFT/RIGHT) MCL TEAR

___ NON-OP

___ PRE-OP

Modalities:

Week 0-2

- ___ Ice / Massage / Anti-Inflammatory Modalities
- ___ Range of Motion Active / Active-Assisted / Passive
- ___ Quadriceps and Hamstring stretching
- ___ Quadriceps Strengthening ___ V.M.O. Strengthening
 ___ Full Arc ___ 0-30° Arc
- ___ Hamstring Strengthening
- ___ Avoidance of Valgus loading at all times
- ___ Straight Leg Raises / Quad Isometrics
- ___ Exercise Bike
- ___ Achilles tendon stretching
- ___ Begin weight shifts in multiple directions with SL balance holds
- ___ Electrical Stimulation for Quadriceps
- ___ Hydrotherapy

Week 2-4

- ___ Full active ROM
- ___ Begin CKC strength, sagittal plane only
- ___ Progress SL proprioception to unstable surface with perturbations
- ___ Exercises in brace
- ___ May begin pool therapy
- ___ Core stability and endurance
- ___ Begin straight line jogging once eccentric step down is symmetric

Weeks 4-6+

- ___ Maintain full ROM
- ___ Begin to introduce light lateral motion in brace
- ___ Progress core and hip strength
- ___ May begin light plyometrics based on pain
- ___ Progress SL balance exercise
- ___ May begin triple extension exercises for LE based on pain
- ___ Continue CKC strength

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**All motion protocols to be done in hinged brace; Avoid all valgus stress

**Please send progress notes.

Physician's Signature: _____ M.D.



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