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Physical Therapy Prescription MCL Tear Rehab

| Patient Name: | Date: |
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| Dx: (LEFT/RIGHT) MCL TEAR | |
| NON-OP | PRE-OP |
| Modalities: | |
| Week 0-2 Ice / Massage / Anti-Inflammatory Modalities Range of Motion | |
| Week 2-4 — Full active ROM — Begin CKC strength, sagittal plane only — Progress SL proprioception to unstable surface with perturbations — Exercises in brace — Core stability and endurance — Begin straight line jogging once eccentric step down is symmetric | |
| Weeks 4-6+ Maintain full ROM Begin to introduce light later Progress core and hip streng May begin light plyometrics I Progress SL balance exercise May begin triple extension exercise Continue CKC strength | h pased on pain |
| Frequency & Duration: (circle one) 1-2 2-3 x/week forweeks **All motion protocols to be done in hinged brace; Avoid all valgus stress **Please send progress notes. | |
| Physician's Signature: | M.D. |