



ROSENBERG COOLEY METCALF  
THE ORTHOPEDIC CLINIC AT PARK CITY

**Charles C. Lind, MD**  
**MCL Sprain**  
**Non-Operative Protocol**

**Information:**

The following is Dr. Lind's non-operative protocol. The main emphasis focuses on:

1. Reducing inflammation
2. Restoring full range of motion
3. Restoring quadriceps function

**Phase I – Inflammatory Phase:**

- Modalities to control inflammation
  - Prescription anti-inflammatories
  - Ice
  - Clinical modalities to control inflammation
- Cardiovascular Exercises
  - Stationary bike-focus on restoring range of motion
  - Pool program as indicated
- Begin range of motion exercises
  - Seated flexion/extension off of table
  - Wall slides
  - Heel slides
- Begin VMO and quadriceps strengthening
  - Quadriceps setting
  - Multi-plane straight leg raising
  - Open kinetic chain multi-plane hip strengthening
- Gait training; protected weight-bearing as instructed

**Phase II – Subacute and Early Strengthening:**

- Continue with appropriate Phase I activities
- Continue to work toward full range of motion
- Advance strengthening program
  - Proprioception exercises
  - Closed kinetic chain squat program
  - Closed kinetic chain unilateral squats, dips, and step-up progression
  - Closed kinetic chain multi-plane hip strengthening
- Advance intensity and duration of stationary biking program. May add treadmill walking as swelling permits, avoid running and impact activity.

**Phase III – Advanced Strengthening:**

- Advance closed kinetic chain strengthening as appropriate
- Begin gym strengthening, avoid leg extensions and lunges
- Begin running and multi-directional functional drills

**Phase IV – Return to Sport Phase:**

- Re-evaluation with physician and sports test for return to play

This protocol is intended to provide a general guideline to treating an MCL sprain. Progress should be modified on an individual basis