



PHYSICAL THERAPY PRESCRIPTION  
MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION

Name: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Post-Operative Diagnosis:  Right  Left MPFL Reconstruction

Graft:  Hamstring  Allograft

Additional Procedures:  Cartilage Procedure: \_\_\_\_\_

Lateral Release  Tibial Tubercle Osteotomy

Other: \_\_\_\_\_

Weight Bearing:  Progressive WBAT with brace locked in extension with crutches/walker

Weight bearing modifications:  NWB  TTWB  PWB

\_\_\_\_\_

ROM:  0 – 30 degrees (advance to 0-60 degrees)

ROM Modifications: \_\_\_\_\_

Brace Instructions:  brace locked in extension when ambulating, may unlock brace when seated

remove brace when using CPM machine

\_\_\_\_\_

CPM Instructions:  0 – 30 degrees (advance to 0 – 60 degrees as tolerated, remove brace while using CPM)

Additional Instructions: \_\_\_\_\_

Frequency & Duration: 1-2 times per week for 6 - 8 weeks

Rx: MPFL Post-Op Rehab – Phase 1 (follow my protocol strictly)

Dressing change / wound check 2-3 days post-op

Emphasize early full passive extension to 0°

Quad sets and SLR

Precautions:  Per my PT protocol



PHYSICAL THERAPY PROTOCOL  
MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION

Progression is both criteria-based and patient specific. Phases and time-frames are designed to give the clinician a general sense of progression. Concomitant procedures such as cartilage procedures, lateral release, tibial tubercle osteotomy, as well as chronicity of the condition will alter the guideline

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<p><b>Protection Phase</b></p> <p><b>Weeks 0-6</b></p> <p>PT 1-2x/week HEP daily</p>	<p>Independence in HEP Promote healing Control pain/ swelling Prevent quad inhibition SLR without lag, pain free ROM: 0- <math>\geq 90^\circ</math></p>	<p>WBAT with crutches (*)</p> <p>Brace locked in extension at all times (except when using CPM) PROM with CPM</p> <p><b>Advancement to Next Phase:</b> Fair quad contraction Good patellar mobility in medial direction ROM: 0 - <math>\geq 90^\circ</math> 0/10 pain at rest SLR pain-free without quad lag</p>	<p><b>CPM 2 hours 3x/day x 6 weeks</b></p> <ul style="list-style-type: none"> <li>- Remove brace</li> <li>- Start 0-30° advance to 0-60° for 2 weeks</li> <li>- Increase to 0- full ROM</li> </ul> <p>Sitting knee ROM exercises: A/AAROM KF, PROM KE Quad set with towel roll under knee Patella mobs per MD guidelines (avoid lateral) Hip progressive resisted exercises: Pain-free SLR with brace until no lag Distal strengthening Flexibility exercises (hamstrings, gastrocnemius)</p>
<p><b>Gait Phase</b></p> <p><b>Weeks 7-10</b></p> <p>PT 2-3x/week HEP daily</p>	<p>Independence in HEP Control pain, effusion inflammation, Promote healing</p> <p>ROM: 0-110° - (8 weeks) 0-120° - (10 weeks)</p> <p>Good patellar mobility Good quad contraction Normalize gait 0/10 pain with ADLs</p>	<p>WBAT with crutches</p> <p>May start bending knee in brace once good quad control</p> <p>Discontinue brace &amp; crutches as tolerated</p> <p><b>Advancement to Next Phase:</b> Normal gait without assistive device ROM: 0 - 115° Good patellar mobility Postural stability, alignment, nm control in single limb stance</p>	<p>Patellar mobs per MD guidelines (avoid lateral)</p> <p>ROM exercises: PROM – AAROM KE in pain free arc AROM – AAROM KF</p> <p>Hydro-treadmill or anti-gravity treadmill Retro-walking to encourage nm control Quad strengthening – leg press, initiate FSU – 6” step</p> <p>Bicycle: short crank to standard crank as ROM allows Proximal/ core strengthening (hip extension with knee flexion, side planks, bridge) Initiate balance and proprioceptive training double limb support on progressively challenging surfaces to single limb support on level surface</p>



<p><b><u>Strengthening Phase</u></b></p> <p><b>Weeks 11-18</b></p> <p>PT 1-2x/week HEP daily</p>	<p>ROM: WNLs Normal gait on level surfaces and stairs Good single limb dynamic balance Good eccentric quad control Pelvic control during step-down</p>	<p>WBAT without crutches and brace Full ROM</p> <p><b><u>Advancement to Next Phase:</u></b> ROM WNLs No pain/ swelling Normal gait Control/ stability in single limb stance Core stability Able to ascend/ descend 6-8" step</p>	<p>Quad strengthening Closed chain preferred Forward Step Up: 6-8" step Eccentric leg press Progress to Forward Step Down Squat progression: chair squats to free Squats ROM exercises Gait training: heel-toe gait pattern Advance proximal strength Bridging progression Hip extension with KF Core training (plank, side plank) Balance progression Cross training: elliptical, bike, swimming</p> <p>Initiate plyometric program Good eccentric quad control Vertical jumping progression Initiate running program Start with 30 second intervals</p>
<p><b><u>Advanced Strengthening and Function Phase</u></b></p> <p><b>Weeks 19-24</b></p> <p>PT 2-3x/week HEP daily</p>	<p>Control pain with sport specific movements Good single limb dynamic balance Cardiovascular fitness to meet demands of sport Movement strategy, symmetry, quality, control, and alignment</p>	<p><b><u>Advancement to Next Phase:</u></b> Good single limb dynamic balance Lack of apprehension with sports specific movements</p>	<p>Advance LE strengthening, flexibility, dynamic single limb stability &amp; agility Advance core stability Cross training Advance plyometric program</p>
<p><b><u>Return to Play</u></b></p> <p><b>Weeks 25-30</b></p> <p>PT 1x/week HEP daily</p>	<p>No apprehension with sport specific movements Maximize strength and flexibility to meet sporting demands Cardiovascular fitness to meet demands of sport</p>	<p>Gradual return to sports participation after completion of RTS testing **</p>	<p>Advance LE strengthening, flexibility, dynamic single limb stability, core stability, &amp; agility Advance plyometric program Advance cutting, deceleration training</p>

\* May be modified based on concomitantly performed meniscus repair or articular cartilage procedures

\*\* Completion of RTS (Return to Sport) testing not mandatory, but recommended at 6 months post-op for competitive athletes returning to play after rehab

**IF QUESTIONS: PLEASE CALL 469-800-7200**