



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

Physician's Signature:  _____, MD



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><u>Protection Phase</u></p> <p>Weeks 0-6</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- $\geq 90^\circ$</p> | <p>WBAT with crutches Brace locked in extension at all times (except when doing ROM exercises) PROM with CPM</p> <p><u>Advancement to Next Phase:</u> Fair quad contraction Good patellar mobility in medial direction ROM: 0 - $\geq 90^\circ$ 0/10 pain at rest SLR pain-free without quad lag</p> | <p>(OPTIONAL) CPM 2 hours 3x/day x 6 weeks</p> <ul style="list-style-type: none"> - Remove brace - Start 0-30° advance to 0-60° for 2 weeks - Increase to 0- full ROM <p>Sitting knee ROM exercises: A/AAROM KE, 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><u>Gait Phase</u></p> <p>Weeks 7-10</p> <p>PT 2-3x/week HEP daily</p> | <p>Independence in HEP Control pain, inflammation, Effusion Promote healing ROM: 0-110° - (8 weeks) 0-120° - (10 weeks) Good patellar mobility Good quad contraction Normalize gait 0/10 pain with ADLs</p> | <p>WBAT with crutches May start bending knee in brace once good quad control Discontinue brace & crutches as tolerated</p> <p><u>Advancement to Next Phase:</u> 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) ROM exercises: PROM – AAROM KE in pain free arc AROM – AAROM KE Hydro-treadmill or anti-gravity treadmill Retro-walking to encourage nm control Quad strengthening – leg press, initiate FSU – 6” step 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><u>Strengthening Phase</u></p> <p>Weeks 11-18</p> <p>PT 1-2x/week HEP daily</p> | <p>ROM: WNLs Normal gait on level surfaces and stairs</p> <p>Good single limb dynamic balance</p> <p>Good eccentric quad control</p> <p>Pelvic control during step-down</p> | <p>WBAT without crutches and brace Full ROM</p> <p><u>Advancement to Next Phase:</u></p> <p>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><u>Advanced Strengthening and Function Phase</u></p> <p>Weeks 19-24</p> <p>PT 2-3x/week HEP daily</p> | <p>Control pain with sport specific movements</p> <p>Good single limb dynamic balance</p> <p>Cardiovascular fitness to meet demands of sport</p> <p>Movement strategy, symmetry, quality, control, and alignment</p> | <p><u>Advancement to Next Phase:</u></p> <p>Good single limb dynamic balance Lack of apprehension with sports specific movements</p> | <p>Advance LE strengthening, flexibility, dynamic single limb stability & agility Advance core stability Cross training Advance plyometric program</p> |
| <p><u>Return to Play</u></p> <p>Weeks 25-30</p> <p>PT 1x/week HEP daily</p> | <p>No apprehension with sport specific movements</p> <p>Maximize strength and flexibility to meet sporting demands</p> <p>Cardiovascular fitness to meet demands of sport</p> | <p>No RTP until: Passes RTP evaluation MD clearance</p> | <p>Advance LE strengthening, flexibility, dynamic single limb stability, core stability, & agility Advance plyometric program Advance cutting, deceleration training</p> |