



MPFL Reconstruction
 Dr. Michael Gibbons
 Jeff Roberts, PA-C

Midwest Orthopaedic Center — Peoria, IL

	WEIGHT BEARING	ROM	EXERCISES
Phase 1: 0-2 weeks 2-3x/week	Heel touch WB 1-2 days transitioning to WBAT locked in TROM brace in full extension	0-60° as tolerated TROM allowed to be open up to 60° when at rest but Sleep in brace locked in extension	Quad sets, ankle pumps, 4-way ankle theraband; Heel slides; NMES for quad activation, SLR in brace once able to perform adequate quad set; Supine TKE's vs band; Soft tissue mobilization; Pain and swelling control modalities; HEP.
Phase 2: 2-6 weeks 2-3x/week	WBAT locked in TROM brace in full extension *Can unlock knee brace when no extensor lag with SLR*	0-90° as tolerated Can Match TROM flexion angle to knee ROM (<90°)	Continue phase 1 Exercises and modalities SLRx4-way (with brace locked if extensor lag and unlocked if no extensor lag); Hamstring curls; CKC quad strengthening 0-90°; Standing TKE's; Table based core and hip stabilization exercises; bridging progressions; Soft tissue mobilization. Gentle Patellar mobs if stiffness present; Gait training; HEP; May begin BFR at 2 weeks post-op based on MD recommendations and patient past medical history.
Phase 3: 6-8 weeks 2x/week	Full weight bearing. Wean brace if no extensor lag present Transition to patellar stabilizing brace.	ROM as tolerated	Continue phase 2 Exercises May begin stationary bike once patient has a comfortable 110° of knee flexion and no patellofemoral pain Advance closed chain quadriceps work, balance/proprioception, Hamstring PRE's; core/pelvic and stability work especially proximal hip control of the distal femur
Phase 4: 8-16 weeks 2x/week	Full PTO brace	Full Gentle stretching of all muscle groups	May begin elliptical Progress CKC strengthening as tolerated, progressing single leg strength and balance; ; Continue to focus on hip stability; Prone quad stretch. Begin lateral drills around week 12, Resisted 4-way walking
Phase 5: 16-24 weeks 1x/week	Full Wear PTO for sports	Full	May begin Jogging progression May begin Plyometrics. Focus on proximal hip control of knee; Initiate progressions for Agility and cutting drills; Sport specific progressions based on MD clearance. Independent gross strengthening in gym/ home program. 2-3x/week. Planned return to sports at 6-8 months

Contact MD if patient is not able to achieve full extension by week 4 and 90° flexion by week 6
 MD post op appts: 2 weeks, 6 weeks, 12 weeks, 5 months; Please send PT progress notes prior to each one
 **OKC with the most load on the patella: 0-30°
 **CKC with most load on the patella: knee flexion greater than 90°
 This protocol is not a substitute for clinical decision making of the health care professional.
 Please see PT referral for any specific post op instructions.