



MPFL Reconstruction
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	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° TROM allowed to be open up to 60° Sleep in locked brace	Quad sets, ankle pumps, 4-way ankle thera-band; 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° 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 at 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.