



MPFL Reconstruction  
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	<b>WEIGHT BEARING</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>Phase 1: 0-2 weeks</b> <b>2-3x/week</b>	Heel touch WB 1-2 days transitioning to WBAT <b>locked in TROM brace in full extension</b>	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.
<b>Phase 2: 2-6 weeks</b> <b>2-3x/week</b>	WBAT <b>locked in TROM brace in full extension</b>  <b>*Can unlock knee brace to match ROM when no extensor lag with SLR*</b>	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.
<b>Phase 3: 6-8 weeks</b> <b>2x/week</b>	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
<b>Phase 4: 8-16 weeks</b> <b>2x/week</b>	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
<b>Phase 5: 16-24 weeks</b> <b>1x/week</b>	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.