



MPFL with Tibial Tubercle Osteotomy (Fulkerson)

Dr. Michael Gibbons

Jeff Roberts, PA-C

Midwest Orthopaedic Center — Peoria, IL

	WEIGHT BEARING	ROM	EXERCISES
Phase 1: 0-2 weeks 2-3x/week	NWB in TROM brace locked in extension	0° for 2 weeks Sleep in locked brace	Quad sets, ankle pumps, 4-way ankle theraband; NMES for quad activation, SLR in brace once able to perform adequate quad set; Soft tissue mobilization; Patellar mobs; Pain and swelling control modalities; HEP.
Phase 2: 2-6 weeks 2-3x/week	NWB in TROM brace locked in extension.	0-90° May unlock brace at rest. Match TROM flexion angle to knee ROM (<90°) May unlock brace at night.	Continue phase 1 exercises and modalities SLRx4-way with brace locked; Table based core and hip stabilization exercises; Soft tissue mobilization. Gentle Patellar mobs if needed; 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 with brace locked	ROM as tolerated	SLR's without brace (no lag); Light CKC exercises (0-45°). Balance. Calf raises. May begin stationary bike once patient has a comfortable 110° of knee flexion; Soft tissue mobilization; HEP;
Phase 4: 8-12 weeks 2x/week	Full weight bearing with brace unlocked 0-90°. Wean brace when no extensor lag present; Transition to PTO brace.	Full ROM	Progress CKC exercises (0-70°). Progress balance. Continue core and hip strengthening, especially proximal hip control of the distal femur
Phase 5: 12-16 weeks 1-2x/week	Full weight bearing. Brace determined by MD.	Full ROM	May begin elliptical. Begin lateral drills. Progress CKC as tolerated, progressing single leg strength, stability, and balance/proprioception.
Phase 6: 16-24 weeks 1x/week	Full weight bearing. Brace determined by MD.	Full ROM	May begin Jogging progression May begin Plyometrics at 20 weeks. Focus on proximal hip control of the knee. Sport specific progression based on MD clearance. Independent gross strength gym/ home program 2-3x/week. Consider functional testing prior to return to sports (estimated 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.