



ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:

- Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member how to don/doff stocking
 - May discharge when no swelling or effusion- typically 3-4 weeks p/o
- Stress early knee extension. Should reach full knee ext by 2 weeks post-op.
- Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.
- All multi-ligament reconstructions on ASA 325 p/o daily X2 weeks unless contraindicated (i.e. Coumadin, Bloodthinners, Allergies)

**REHABILITATION GUIDELINES
MEDIAL PATELLOFEMORAL LIGAMENT ALLOGRAFT RECONSTRUCTION**

DOS:

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE 1 0-2 weeks	As tolerated with brace	On at all times during day and while sleeping Off for hygiene	0-90° begin immediately	Heel slides, quad and hamstring sets, gastroc stretch, SLR in brace, modalities
PHASE 2 2-6 weeks	As tolerated in brace	Discontinue at 6 weeks if patient has no extension lag	Maintain full extension and progress to full flexion	Progress weight bearing flexibility, begin toe raises and closed chain quad work Begin floor based core and glute work, balance exercises, hamstring curls, and stationary bike Scar mobs 4-6 weeks when adequate healing
PHASE 3 6 weeks-4 months	Full	None	Full	Advance closed chain quads, progress balance, core/pelvic and stability work Begin elliptical at 12 weeks under PT supervision
PHASE 4 4-6 months	Full	None	Full	16 weeks: Progress flexibility/strengthening, progression of function, forward/backward running, cutting, grapevine, initiate plyometric program and sports specific drills Return to play as tolerated after 24 weeks p/o when cleared by physician

Medial Patellofemoral Ligament
Allograft Reconstruction



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