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REHABILITATION GUIDELINES FOR MPFL RECONSTRUCTION

PHASE I (0-2 WEEKS)

DATES:

<p>Appointments</p>	<p>Physical therapy 2 x/week</p> <ul style="list-style-type: none"> MD visit at 7-10 days post op for stitch removal
<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> Restore full passive knee extension Diminish joint swelling and pain Gradually improve knee flexion Re-establish quad control
<p>Precautions</p>	<p>No open chain active knee extension</p> <p>WB:</p> <ul style="list-style-type: none"> WBAT two crutches <p>Brace:</p> <ul style="list-style-type: none"> Locked at 0 for ambulation, otherwise 0-30 degrees flexion Sleep with brace locked in full extension ROM 0-30 degrees flexion Soft tissue mobilization of distal ITB, lateral retinaculum Swelling control measures Patellar mobilizations: avoid lateral glides
<p>Suggested Therapeutic Exercises</p>	<ul style="list-style-type: none"> Ankle pumps Knee extension overpressure AROM and PROM for flexion for 30 degrees Quad sets Prone extension hang Weight shifting (brace locked) Heel raises (brace locked)



	<ul style="list-style-type: none"> NMES for quad sets to diminish inhibition
Cardiovascular Exercises	<ul style="list-style-type: none"> No lower extremity cardio at this time
Progression Criteria	<ul style="list-style-type: none"> Full passive knee extension Knee flexion 0-30

PHASE II (2-6 WEEKS)

DATES:

Appointments	<p>Continue physical therapy 2 x/week</p> <ul style="list-style-type: none"> MD visit at 6 weeks post op
Rehabilitation Goals	<ul style="list-style-type: none"> Full passive knee extension Full active quad contraction with superior patellar glide Gradually improve knee flexion Patient is able to tolerate FWB with brace locked at 0 degrees without pain
Precautions	<p>Brace:</p> <ul style="list-style-type: none"> After post op MD visit and sutures are out: Locked at 0 for ambulation and weight bearing exercises; otherwise 0-90 degrees flexion AROM/PROM 0-90 degrees flexion Continued emphasis on extension Continue avoiding lateral glides
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Continue with above exercises Continue with NMES if needed Heel slides to 90 degrees flexion ITB stretching Single leg balance locked in brace, heel raises locked in brace 4 way SLR (flexion, adduction, abduction, extension) Bridges with feet on ball



Cardiovascular Exercises	<ul style="list-style-type: none"> No lower extremity cardio at this time
Progression Criteria	<ul style="list-style-type: none"> Full passive knee extension Full active quad contraction with superior patellar glide Gradually improve knee flexion Patient is able to tolerate FWB brace locked at 0 degrees without pain

PHASE III (6-12 WEEKS)

DATES:

Appointments	<p>Continue physical therapy 2 x/week</p> <ul style="list-style-type: none"> MD visit at 12 weeks post op
Rehabilitation Goals	<ul style="list-style-type: none"> Restore full knee ROM Wean off of crutches and brace Restore normal gait pattern Gradually improve ADLs and strength
Precautions	<ul style="list-style-type: none"> Bike to start strengthening and improve ROM, gradually lower seat as ROM allows
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Mini squats and lunges Hamstring curls with light weights Heel raises Step ups/lateral step downs Single leg balance Lateral steps
Cardiovascular Exercises	<ul style="list-style-type: none"> Stationary bike Walking



Progression Criteria	<ul style="list-style-type: none"> • Full knee ROM • Normal gait pattern without assistive device • Improving functional strength
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PHASE IV (12-18 WEEKS)

DATES:

Appointments	Continue physical therapy 1-2 x/ week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full ROM • Normal patellofemoral mobility • Patient demonstrates normal mechanics with CKC exercises
Precautions	<ul style="list-style-type: none"> • None at this time
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Controlled sports start such as jogging inline • Continue with above exercises and progress with proprioception and agility, leg press, leg curls, deadlifts, core strength • Can start more sport specific training at 4 months
Cardiovascular Exercises	<ul style="list-style-type: none"> • Bike • Inline jogging
Progression Criteria	<ul style="list-style-type: none"> • Return to sport at 6 months if : • Quadriceps and hamstring strength at least 90% of unaffected leg • Able to return to sport per return to sport test

References:

Fisher, Brent M.D. *Medial Patellofemoral Ligament Reconstruction for Recurrent Patellar Dislocation: A Systematic Review Including Rehabilitation and Return to Sports Efficacy; Arthroscopy: The Journal of Arthroscopic and Related Surgery* 2010