Medial Patellofemoral Ligament Reconstruction (MPFLR)
Dr. Levene
Updated 11/2018

POD #0-28
- Brace locked at 0 for ambulation; wean off crutches as tolerated; Weight bear as tolerated (WBAT)
- Open brace for sitting and range of motion exercises (ROM)
- Active Assist range of motion (AAROM) to full as rapidly as possible
- MEDIAL patellar mobs - do not move patella laterally!
- Quad sets and straight leg raises (SLR) only for strength
- Isometric gastroc, hamstring, and hip girdle exercise

POD #29-42
- Push for full active flexion
- May spin on stationary bike when flexion is greater than 100, and increase resistance as tolerated
- Begin treadmill
- Open brace 0-90 for ambulation, transition to Lateral J Brace when adequate quad control achieved- unless concomitant PFJ microfracture: If microfracture, then brace 0° until 6 weeks PO
- Quad sets, SLR, SAQ (short arc quad)

POD #43-56
- Add theraband resisted closed-chain quads and ¼ squats
- Add incline on treadmill as tolerated
- Discontinue rehab brace, use patellar stabilizing brace

POD #57
- Add elliptical trainer, stair stepper
- Progress if able to PRE with weights
- Add agility and proprioception drills
- NO twist or pivot

12 WEEKS POST OP
- Plyometrics, strength with emphasis on VMO
- Begin sports specific training/functional sports progression

Usual return to sport approximately four months post-op with full ROM, no effusion, good quad strength, and completed function to sports progression

*Brace restrictions adjusted if concomitant microfracture is performed in patellofemoral joint compartment. Continue rehab brace locked at 0 X 6 weeks, then transition to Lateral J Brace. Also, CPM out of brace 6 hours per day to increase ROM as tolerated.