

Associate Professor of Orthopaedics Chief, Division of Sports Medicine Tel: (646) 501-7223

## Rehabilitation Protocol: Medial Patellofemoral Ligament (MPFL) Reconstruction

| Name:         | Date:   |
|---------------|---|
| Diagnosis:    | Date of Surgery:  |
| Phase I       |   |
|               | op Day 1  |
| 0             | 7   |
| 0             | Weightbearing/ROM: touch down, weight bearing   |
| 0             | Exercises   |
|               | <ul><li>Quad sets</li></ul>   |
|               | <ul> <li>Ankle pumps</li> </ul>   |
|               | <ul> <li>Cryotherapy device</li> </ul>  |
|               | <ul><li>Elevation</li></ul>   |
| • Week        | <u>: 1</u>  |
| 0             | Brace ROM: locked in full extension at all times  |
| 0             | Weightbearing/ROM: full weight bearing as tolerated   |
| 0             | Exercises:  |
|               | <ul> <li>Heel slides</li> </ul>   |
|               | <ul> <li>Seated flexion</li> </ul>  |
|               | <ul><li>Prone flexion</li></ul>   |
|               | <ul> <li>Wear knee brace for at least six weeks post-op</li> </ul>                              |
| Phase II      |   |
| • Week        | , 2 E   |
| • <u>week</u> | Brace ROM: locked in full extension at all times  |
| 0             | Weightbearing/ROM: full weightbearing as tolerated  |
| 0             | Exercises (Weeks 2-3)   |
| O             | Straight-leg raises with no weight  |
| 0             | Exercises (Weeks 4-5)   |
| O .           | Straight-leg raises with 1-lb weight  |
|               | <ul> <li>Should have 90 degrees of flexion</li> </ul>   |
|               | bhould have yo degrees or nemon   |
| Phase III     |   |
| • Week        |   |
| 0             | <b>Brace ROM</b> : Discontinue brace when quadriceps strengthening allows; neoprene sleeve with |
|               | alteral buttress optional   |
| 0             | Weightbearing/ROM: full; should have normal ROM   |
| 0             | Exercises (Weeks 6-7)   |
|               | Start stationary bike   |
| 0             | Exercises (Weeks 8-12)  |
|               | <ul> <li>Continue stationary bike</li> </ul>  |
|               | <ul> <li>Start shuttle jumps at week 12</li> </ul>  |
|               | <ul> <li>Treadmill</li> </ul>   |
|               | <ul> <li>Isotonic leg presses</li> </ul>  |

Toe press Leg curl Stool scooter

Months 3-6

## Laith M. Jazrawi, MD



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o **Brace ROM**: full; no brace o **Weightbearing:** full

Exercises

- - Initiate progressive jogging program
  - Advance to cutting and sport-specific drills
  - Return to regular sports if cleared by MD

\*\* If a patient is not progressing please call the office for recommendations

**Protocol Modifications:** 

| Comments:                 |                 |
|---------------------------|-----------------|
| Frequency: times per week | Duration: weeks |
| Signature:                | Date:           |
|                           |                 |