Cort D. Lawton, MD



650 S. Randall Road Algonquin, IL 60102 O 815.398.9491 F 815.381.7498

Clinic Lead: Ashlee Bauer, MA, ATC

REHABILITATION PROTOCOL

Medial Patellar Femoral Ligament (MPFL) Repair or Reconstruction

Guidelines/Precautions

Full weight bearing / Weight bearing as tolerated

Phase I (1-5 days post-op)

Wound care: Observe for signs of infection. OK to remove dressing on post-operative day 5 and begin showering. Keep covered until day 5. Cover incision with gauze and ace wrap.

Modalities: prn for pain and inflammation (ice, IFC)

Brace

Gait

 Locked in full extension for all activities except therapeutic exercises and CPM use o Locked in full extension for sleeping

ROM

- WBAT with two crutches
- 0-30 degrees of flexion
- Ankle AROM

Strengthening: none

Phase II (5 days - 4 weeks post-op)

Wound care: Observe for signs of infection. OK to remove dressing on postoperative day 5 and begin showering. Keep covered until day 5. Cover incision with gauze and ace wrap.

Modalities: Modalities PRN for pain and inflammation (ice, IFC)

Brace

- O-4 weeks locked in full extension for all activities except therapeutic exercises
- Locked in full extension for sleeping

Cort D. Lawton, MD



650 S. Randall Road Algonquin, IL 60102 O 815.398.9491 F 815.381.7498

Clinic Lead: Ashlee Bauer, MA, ATC

REHABILITATION PROTOCOL

Gait

FWB/WBAT with two crutches

ROM

- 0-2 weeks: 0-30 degrees of flexion
- 2-4 weeks: 0-60 degrees of flexion
- 4-6 weeks: 0 90 degrees of flexion

Strengthening

- Quad **sets** with biofeedback and E-**stim** for VMO. Goal of regaining active quad and VMO control by end of 6 **weeks**.
- Heel slides to recommended ROM, SLR **in** four planes with brace locked in full extension
- **Resisted** ankle ROM with Theraband
- Patellar mobilization (begin as tolerated)

Phase III (4-10 weeks post-op)

4 weeks to 6 weeks:

Brace: Removed for sleeping, locked in full extension for ambulation

ROM: 0-90 degrees of flexion

Strengthening: continue same as phase II

6 weeks to 8 weeks:

Brace: Discontinue use **for** sleeping, unlock for ambulation **as** allowed by physician.

Gait: wean from crutches, normalize gait

ROM: Increase flexion gradually to normal range for patient

Strengthening: : Continue NMES as needed

- Progress to weight-bearing gastroc, soleus stretching
- Closed chain balance exercises avoid deep knee squatting greater than 90 degrees
- Stationary bike, low resistance, high-seat
- Wall slides progressing to mini-squats, 0-45 degrees of flexion

Cort D. Lawton, MD



650 S. Randall Road Algonquin, IL 60102 O 815.398.9491 F 815.381.7498

Clinic Lead: Ashlee Bauer, MA, ATC

REHABILITATION PROTOCOL

8 weeks to 10 weeks

Brace: D/C

Gait: May D/C crutches if no extension lag is present, patient is able to achieve full extension, and gait pattern is normalized with one crutch.

Strengthening: Should be able to demonstrate SLR without extension lag

- May begin closed chain strengthening including step-ups (begin at 2 inch step)
- Moderate resistance for stationary bike
- Four way **resisted** hip strengthening
- Leg press for 0-45 degrees of flexion
- Swimming and/or stairmaster for endurance
- Toe raises, hamstring curls and proprioceptive exercises
- Treadmill walking
- Flexibility exercises continued

Phase IV (10+ weeks post-op)

Criteria

- Clearance from physician to begin more concentrated closed-kinetic chain **exercises** and resume full or **partial** activity level
- At least O 115 degrees AROM with no swelling and complete voluntary contraction of quad
- No evidence of patellar instability
- No soft tissue complaints

Strengthening

- Progression of closed-kinetic chain activities including partial squats (60 degrees), leg press, **forward** and **lateral** lunges, **lateral** step-ups, bicycle and/or stepper.
- Functional progression, sport specific activities
- Functional testing: Performance to < 25% deficit compared to nonsurgical side by D/C

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation, 2nd Ed. Philadelphia: Mosby; 2003
- 2) Wilk KE, Reinold MM, Andrews, JR. Rehabilitation Following Lateral Retinacular Release and Medial Retinacular Thermal

Shrinkage/Plication. Winchester, MA: Advanced Continuing Education Institute, 2004.