

## REHABILITATION GUIDELINES FOR MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION

PHASE I (0-2 WEEKS)

DATES:

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

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Progression Criteria	<ul style="list-style-type: none"> <li>• Full passive knee extension</li> <li>• Knee flexion 0-30</li> </ul>
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PHASE II (2-6 WEEKS)

DATES:

Appointments	<p>Continue physical therapy 2 x/week</p> <ul style="list-style-type: none"> <li>• MD visit at 6 weeks post op</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Full passive knee extension</li> <li>• Full active quad contraction with superior patellar glide</li> <li>• Gradually improve knee flexion</li> <li>• Patient is able to tolerate FWB with brace locked at 0 degrees without pain</li> </ul>
Precautions	<p><b>Brace:</b></p> <ul style="list-style-type: none"> <li>- After post op MD visit and sutures are out:</li> <li>- Locked at 0 for ambulation and weight bearing exercises; otherwise 0-90 degrees flexion</li> <li>• AROM/PROM 0-90 degrees flexion</li> <li>• continued emphasis on extension</li> <li>• <b>Continue avoiding lateral glides</b></li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Continue with above exercises</li> <li>• Continue with NMES if needed</li> <li>• Heel slides to 90 degrees flexion</li> <li>• ITB stretching</li> <li>• Single leg balance locked in brace, heel raises locked in brace</li> <li>• 4 way SLR (flexion, adduction, abduction, extension)</li> <li>• Bridges with feet on ball</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• No lower extremity cardio at this time</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Full passive knee extension</li> <li>• Full active quad contraction with superior patellar glide</li> <li>• Gradually improve knee flexion</li> <li>• Patient is able to tolerate FWB brace locked at 0 degrees without pain</li> </ul>

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### PHASE III (6-12 WEEKS)

DATES:

Appointments	<p>Continue physical therapy 2 x/week</p> <ul style="list-style-type: none"> <li>• MD visit at 12 weeks post op</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Restore full knee ROM</li> <li>• Wean off of crutches and brace</li> <li>• Restore normal gait pattern</li> <li>• Gradually improve ADLs and strength</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Bike to start strengthening and improve ROM, gradually lower seat as ROM allows</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Mini squats and lunges</li> <li>• Hamstring curls with light weights</li> <li>• Heel raises</li> <li>• Step ups/lateral step downs</li> <li>• Single leg balance</li> <li>• Lateral steps</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• Stationary bike</li> <li>• Walking</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Full knee ROM</li> <li>• Normal gait pattern without assistive device</li> <li>• Improving functional strength</li> </ul>

### PHASE IV (12-18 WEEKS)

DATES:

Appointments	<p>Continue physical therapy 1-2 x/ week</p>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Full ROM</li> <li>• Normal patellofemoral mobility</li> <li>• Patient demonstrates normal mechanics with CKC exercises</li> </ul>

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Precautions	<ul style="list-style-type: none"> <li>• None at this time</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Controlled sports start such as jogging inline</li> <li>• Continue with above exercises and progress with proprioception and agility, leg press, leg curls, deadlifts, core strength</li> <li>• Can start more sport specific training at 4 months</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• Bike</li> <li>• Inline jogging</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Return to sport at 6 months if :</li> <li>• Quadriceps and hamstring strength at least 90% of unaffected leg</li> <li>• Able to return to sport per return to sport test</li> </ul>

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

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