

Medial Patellofemoral Ligament Reconstruction Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
 - Surgical site evaluation (see below for instructions)
 - Brace/sling education and adjustment as needed
 - Review of therapy protocol, expectations, and plan
 - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
 - Incisions are closed with one or combination of below methods
 - Staples
 - Nylon sutures (black sutures)
 - Monocryl sutures covered with steristrips or glue
 - Prineo dressing (clear adherent glue dressing)
 - Anytime the dressing is changed or examined, **please wash hands** prior with antibacterial soap.
 - There will be gauze and padding over the incisions and the extremity may be wrapped with an ACE wrap. The surgical dressing should be changed by the therapist using **sterile** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips or glue dressing. DO NOT remove sutures or staples. The new dressing should include dry gauze and ACE wrap. Before the new dressing is applied the wounds should be clean and dry (without removing steri strips or glue dressing). Please do not use tegaderm unless it was used at the time of surgery or if specifically stated on the orders. If there are any concerns with the incisions or dressings, the therapist should call the office immediately – (219) 250-5038.
 - Unless otherwise instructed, incisions must remain dry for 7 days. They must be sealed off in the shower. The Prineo dressing/glue dressing is water resistant, and incisions covered by this dressing may get wet after 3-5 days. Once you are permitted to get the incisions wet, warm soapy water should **gently** rinse the surgical area. Do NOT scrub the area. Pat the area dry with a clean towel and keep free of lotions or creams. Do NOT soak in a pool, bath or hot tub until permitted by the surgeon's office. Please wear clean clothes following shower and be conscious of any pet hair or other contaminants near the surgical area. Do not apply any ointments or medications to the area.

*****Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.*****

MPFL RECONSTRUCTION REHABILITATION PROTOCOL

PHASE/WEEKS	BRACE/ WEIGHT BEARING/ROM GOALS	THERAPEUTIC EXERCISES AND INTERVENTIONS
Phase 1 (weeks 0-2/3)	Brace Long XROM Brace locked at 0 degrees for all activities, except hygiene and PT. Weight Bearing AS TOLERATED with brace locked at 0 degrees. Use crutches. May start walking without crutches as long as there is no increased pain, effusion, and proper gait. ROM for exercises (passive/active) 0-30 degrees week 1 0-60 degrees week 2 (may be delayed by surgeon – CHECK END OF OPERATIVE NOTE)	Quad sets isometrics Ankle Strengthening Straight leg raises (4 way) Heel slides within restrictions Resisted SLR (4 way) standing Patellar Mobilization Stretching NMES (Home use ok) Cryotherapy
Phase 2 (weeks 3-6)	Brace open for walking and ADLs 0-30 degrees Week 3 0-60 degrees Week 4 0-90 degrees Week 5 unlocked/open Week 6 WBAT: May unlock brace when able to perform straight leg raise without lag Discontinue use of brace after 6 wks (or per surgeon) and when functionally safe per therapist. ROM 0-90 degrees week 3 0-120 week 4 Full Rom week 6	Same as phase 1 plus: Gait training Closed chain toe raises Wall sits, mini-squats, inclined leg press low loads within range restrictions and if ok by surgeon. Stationary Bike (if 105 deg.)
Phase 3 (weeks 7-12)	No Brace FWB Full ROM Improved gait, balance, and strength	Same as phase 1 and 2 plus: Open Kinetic Strengthening Hamstrings 0-90 deg., Quadriceps 90-30 deg. Step ups/downs (gradual) Leg Press 70-10 deg. Swimming, stair climber, elliptical (week 9)
Phase 4 (weeks 12-24)	80-100% strength Normal gait, running pattern Normal Balance and proprioception Gradual return to activities/sports	Same as Phase 3 plus: BOSU/disc step ups/balance Mini-trampoline activities

		Intermittent running program. Floor agility ladder Plyometrics Functional Test
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Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____