



Medial Patellofemoral Ligament Reconstruction/Repair Rehab Protocol

Description of Procedure: The medial patellofemoral ligament (MPFL) is reconstructed by securing an autograft (cadaver semitendinosus hamstring) from the patella to the anatomic femoral attachment site (between the medial epicondyle and adductor tubercle). This anatomic positioning allows the attachment sites to become closer during flexion (loosening of the graft), which allows early full range of motion. A repair either reattaches the original ligament or tightens a pathologically lax MPFL.

Safety Warning: Surgery on the medial aspect of the knee, at times, has a higher incidence of scarring. Therefore, aggressive early full flexion is important along with quadriceps re-education.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I: 0 to 6 Weeks	Weight bearing as tolerated with use of two crutches. Once a straight leg raise can be performed without extension lag, progress to one crutch as tolerated and then full weight bearing with normalized gait pattern; no limping.	Brace is worn when ambulating until independent straight leg raise can be performed without extension lag	Goal: To achieve active range of motion as soon as tolerated	<p>0 to 2 Weeks: Prone hangs, heel props, heel slides, quad sets, SLR, hamstring isometrics - complete exercises in brace if quad control is inadequate; core proximal program; normalize gait; FES biofeedback as needed</p> <p><i>** Incorporate use of stationary bike (high seat, low resistance) and patellar mobilization exercises after surgical dressing is removed</i></p> <p>2 to 6 Weeks: Continue heel props and prone hangs; begin wall slides-mini dips; heel raises; leg press (90° to 40° arc, starting with eccentric and light weights); step-ups (3" to 6"); isometrics; core muscle development program</p>
Phase II: 6 to 12 Weeks	Full, with a normalized gait pattern	None	Full active range of motion	Begin walk to jog program (straight ahead or on track); increase endurance and strength; continue core exercise program; closed kinetic chain program

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase III: 12 Weeks and Beyond	Normal gait	None	Full active range of motion	<p>Progression A: Straight line running/ exercise; decreased swelling with activity; full ROM maintained</p> <p>Progression B: Easy cutting activities; advance strengthening; sport/activity specific agility drills; begin functional exercise activities; quadriceps isotonic, progress endurance activities</p> <p>Progression C: Begin sport/activity specific functional progression. Return to full participation in sport once strength is 95% strength on single leg hop test or high velocity isometric test is accomplished AND functional progression back to sport have been accomplished without pain or increased swelling; provide home exercise program and instruction on functional training</p>

Progression back to sport is dependent on case per case basis and determine by Dr. Farr. If pain or swelling occurs patient is expected to stop causative activity and follow-up with our office.