Dr. Adam Lindsay MD, MS Desert Orthopedics - Bend, Redmond Orthopaedic Surgery, Sports Medicine P) (541) 388-2333 F)(541) 388-3090 www.lindsaysportsmed.com



Physical Therapy Prescription – MPFL Reconstruction

Name:

Date of Surgery: _____

Procedure: R / L MPFL reconstruction with hamstring allograft **Frequency:** 2-3 times per week for 6 weeks

PHASE 0: Pre- operative goals (i.e. Pre-hab)

- Normal Gait
- Strength: 20 SLR with no lag.
- Minimal Effusion
- Patient Education on Post op exercises with a stress on compliance and importance
- Education on ambulation with crutches and safe stair use
- Wound care instructions
 - Keep tegederm clean and dry, no showering until 48hrs post-op then remove ACE, No submerging (bath, hot-tub, lake, river, ocean) for 6 weeks post op. Formal instructions will be listed in operative note and packet.
- Educated in follow-up (also provided in packet) : 10-14 days post op, 6 weeks, 3 months, 6 months, 9 months, 1 year, 2 years, 5 years.

PHASE I (Weeks 0 – 6): Period of protection, decrease edema, activate quadriceps

- Weightbearing: Full weight-bearing as tolerated
- Hinged Knee Brace: Locked in full extension for ambulation and sleeping
- Range of Motion: initiate ROM 0-30°, gradually advance with PROM and AAROM
- **Therapeutic Exercises:** Gentle patellar mobs, quad/hamstring sets, heel slides, prone hangs, straight-legraises with brace in full extension until quad strength prevents extension lag
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 - 12)

- Weightbearing: Full WB with normalized gait pattern
- Hinged Knee Brace: Wean between 6-8 weeks; discontinue completely once good quad control
- **Range of Motion:** Progress to full AROM, with goal of 90° by week 6, then advance as tolerated
 - Therapeutic Exercises: **No weight-bearing exercises with knee flexion angles >90°**
 - Advance closed chain strengthening exercises and proprioception activities; begin wall sits andlunges; begin stationary bicycle(Weeks 6-12)
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 - 16)

- Weightbearing: Full
 - Hinged Knee Brace: discontinue; consider using of patella stabilizing knee sleeve
- Range of Motion: Full, painless
- **Therapeutic Exercises**: Advance closed chain strengthening; advance plyometrics; advance proprioceptiontraining; begin elliptical and/or treadmill jogging
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- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 16 - 24)

• Advance Phase III exercises; focus on core/glutes; progress flexibility and strengthening; maximize single legdynamic and static balance and strength; initiate light plyometrics; improve treadmill walking

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Phase V (>6 months): Gradual return to athletic activity

- Advance Phase IV exercises; focus on single leg dynamic and static balance
- Return to sport-specific activity and impact when cleared by MD at 6 months postop

Signature:

Date: _____