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**Physical Therapy Prescription
 MPFL Reconstruction**

Patient: _____ DOB: _____ Surgery Date: _____
 Sex: _____ Date: _____
 Right / Left _____

WEEK 0-2

Goals: Restore full extension Control pain
 Minimize swelling Ambulate safely with brace

Patient should be TTWB with crutches locked in full extension in the post-op brace

ROM

Restore extension, begin gentle flexion as tolerated. No knee motion while weight bearing. Must ambulate in brace locked straight.

STRENGTH

Quad sets, SLR, SAQ

PROPRIOCEPTION

None

CARDIO

UBE only. Focus should be recovery.

Criteria to progress to next stage:

Full extension. Hyperextension by week 6 No signs of infection
 Pain is well controlled

WEEK 2-6

Goals: Maintain/restore full extension (including hyper) SLR with no lag
 Begin weight bearing after 3 weeks Increase flexion as tolerated

ROM

Restore full extension. Okay to use prone and supine hangs with weight. Must have full extension prior to starting CKC strength.

No limits on flexion. Restore ROM to at least 120 degrees of flexion before starting CKC strength.

STRENGTH

Once patient is 4 weeks post op, CKC strength can begin (based on ROM). Start with 0-30 degree arc and increase based on patient tolerance.

- Leg press / Total Gym / Suspension Trainer - start with eccentrics.
- Anti-rotation exercises for trunk musculature
- Bridging / Hip hinge exercises



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PROPRIOCEPTION

Do not start before 4 weeks post op. Stable surface only.

CARDIO

May begin stationary biking at 3 weeks post op
Treadmill walking at 6 weeks post op

Criteria to progress to next stage:

Full ROM	No joint line pain
Minimal effusion	SLR with no extensor lag

WEEK 6-12

Discontinue use of the brace

Goals: Restore normal gait Increase quad endurance
No to trace effusion

ROM

Maintain full ROM

STRENGTH

Step up and step down exercises

Increase reps and sets to favor volume/hypertrophy. May increase load but muscle endurance is the goal at this time.

Retro ambulation program with resistance to work posterior chain

Squat / Push variations for lower extremity. Increase reps and sets with low resistance

Hip Hinge variations for lower extremity. Same progression as squat / push

Rotation (foot not planted) and anti-rotation for trunk muscles

PROPRIOCEPTION

May begin balance work on unstable surface

CARDIO

Incline treadmill / Elliptical / Swimming (avoid flip turns)

Stationary biking – Outdoor cycling okay, avoid clip in pedals. Favor interval training over steady state

May begin pool jogging / Alter-G between 9-10 weeks based on strength. Water must be at chest level, Alter-G no more than 25% of body weight while running

Criteria for progression to next stage:



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Symmetric SL step down from 6 inch height when compared to non-surgical leg

Full ROM

Minimal to no effusion

WEEK 12-16+

ROM

Maintain full ROM

Ankle, hip, thoracic spine and shoulder mobility exercises

STRENGTH

May begin to increase load/resistance at this time. We prefer a linear progression of increased load over % of 1 RM or RPE. Increase the load of the lifts below by between 1 and 5 lbs per session. Must have 48 hours of rest between sessions if doing linear progression. Programming should not exceed 24 reps total (3x8, 4x6, etc.) for any 1 exercise per session due to load intensity.

Clinician may choose from any of the exercises below (variations based on individual patient are okay)

Ideally select 2 push movements for every 1 hip hinge movement

Squat/Push movement examples - Back, Front, Overhead, Box step up, Hex Bar, Total Gym, Leg press, etc.

Hip hinge examples - Single and double leg variations (Deadlift, RDL, Hip thrusters, GHD, Nordic hamstring, Good mornings, etc.)

Accessory lifts as needed

Continue linear progression of loading until patient plateaus. After patient plateaus, may change to a % 1RM program or RPE.

AVOID resisted OKC knee extension

PROPRIOCEPTION

Con't with unstable surface and progress to eyes closed. NO LIFTING / STRENGTH EXERCISES WHILE ON UNSTABLE SURFACE (Bosu, AirEx pad, etc.)

CARDIO

Begin jogging / running program at 12 weeks if single leg step down test is symmetric

Cycling – May clip into pedals on road biking and XC mountain biking. Avoid enduro/downhill style riding

Hiking – May begin to wear a heavier, multi-day pack

Swimming – Flip turns okay at this time

Full return to sport between 4 and 6 months. Closer to 6 months for cutting and pivoting athletes.

SPORT SPECIFIC DRILLS

Footwork drills at slow speeds – MUST AVOID PIVOTING



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Throwing program can begin – Do not exceed 90 feet

Kicking program can begin – No cleats, ball must stay on the ground, volleys okay

Basketball shooting can begin – Spot shooting only, no defenders, minimal jump

Mini hurdle hops can begin. Progress based off dynamic control of knee.

Progress running program – cutting, begin with curves and progress speed and angle of cut based on strength and coordination. No hard / full speed cutting until 5-6 months post op

RPT Criteria for athletes

1. Squat equal to body weight
2. 3 Hop crossover test
3. Figure 8 run or pro agility drill pain free
4. NO OKC BIODEX TESTING
5. 400 m run under 75 seconds (Power athletes excluded)

1-2 2-3 x per week for _____ weeks

Surgeon signature: _____ Date: _____