

Physical Therapy Prescription MPFL Reconstruction

Patient Name:

Today's Date:

Surgery Date:

Dx: s/p (LEFT / RIGHT) Reconstruction of MPFL (with Allograft)

WEEK 1

- Full Extension in Bledsoe Brace locked @ 0 degrees
- Ambulate TTWB with Bledsoe Brace locked @ 0 degrees
- Dressing change
- Cryotherapy prn
- Passive ROM 0°-30° in CPM machine
- Quad sets and SLR in brace locked at 0 degrees

WEEKS 2-6

- Continue TTWB with Bledsoe locked @ 0 degrees in Full Extension for first 6 weeks
** OK to open brace hinges as Quadriceps function improves around 4 weeks post op
- Progress ROM in CPM 0°-90° (after post-op visit) as Quad tone and strength increase over 6 week period
- AAROM 0°-120° degrees MAX. Do not advance past 90 degrees for 4 weeks post-op (Active Flexion / Active Extension)
- Straight Leg Raises (in Bledsoe) / Quad Sets
- Quadriceps CKC in short arc at 4-6 weeks based on pain
- Stationary Bike – OK out of Bledsoe Brace (low ROM, raised seat)
- Modalities prn (Biofeedback unit, E-stim)
- Proprioception on stable surface at 4 weeks
- OKC hip and glute strengthening
- D/C brace at 6 weeks

WEEKS 6-12

- PRE's – Focus Hip Abductors and Hamstrings
- Begin CKC strength progressing to full arc as tolerated
- Proprioception exercises
- Begin anti-rotation exercise of trunk and spinal extensor muscles
- Goal of full ROM by 8 weeks
- Assess posture and functional movement patterns. Corrective exercises as needed.
- Frontal plane motions and strengthening

WEEKS 12+

- May begin in-line jogging program if eccentric step-down test is symmetric
- Continue with CKC strength focused on quad, hamstring and hip/gluteal muscles
- No plyometrics or sport specific cutting drills until 4.5 months, begin gradual and progress as tolerated
- Agility drills in single plane, frontal and sagittal only
- Continue core and hip strength progressing to multi joint and multi planar movements
- Olympic lifting and triple extension LE exercises okay at 4.5 months post op

Frequency & Duration (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ M.D.