

## REHABILITATION GUIDELINES AFTER AN MPFL RECONSTRUCTION

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*The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after an MPFL Reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.*

### **INDIVIDUAL CONSIDERATIONS:**

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#### **PHASE I (0-4 weeks)**

##### ***Goals***

- Control inflammation and pain
- Protect soft tissue and tubercle fixation
- Full active extension and 90 degrees of flexion
- Achieve quadriceps control

##### ***Brace***

- Locked in extension for 4-6 weeks during ambulation, until good quad control
- Discontinue for sleep after 3 weeks
- May remove for exercises except straight leg raises

### ***Weight-Bearing Status***

- Weight-bearing as tolerated with crutches and brace locked in extension (4-6 weeks)

### ***Therapeutic Exercises***

- Straight leg raises in all planes (use brace locked in extension for SLRs)
- Heel slides to 90 degrees, calf pumps, quadriceps sets
- Electrical stimulation and biofeedback to regain quad function
- Patellar mobilization
- Ankle ROM and resistive exercises with sports tubing (Theraband)

### **PHASE II (4- 8 weeks)**

#### ***Criteria***

- Good quad set, straight leg raise without extension lag
- 90 degrees of knee flexion
- Full extension

#### ***Goals***

- Increase ROM
- Establish normal gait with unlocked brace

#### ***Brace/Weight-bearing status***

- Continue with full weight bearing
- Use crutches and unlock brace for ambulation
- May discontinue crutches and brace when normal gait pattern and quad control is achieved

#### ***Therapeutic Exercises***

- Increase ROM
- Progress to SLRs without brace
- Mini-squats (0-45 degrees)
- Stationary Bike (high seat, low tension)
- Closed chain extension (leg press:0-45 degrees)
- Pool walking/jogging
- Toe raises
- Hamstring and gastroc/soleus stretches
- Proprioception

- Mini-tramp standing
- Stable and unstable platform (BAPS) with eyes open and closed
- Standing ball throwing and catching

### **PHASE III (8-12 weeks)**

#### ***Criteria***

- Normal gait
- Full range of motion
- Sufficient strength and proprioception to initiate functional activities

#### ***Goals***

- Improve confidence in the knee
- Protect the patellofemoral joint
- Progress with strength, power, and proprioception

#### ***Brace/Weight-Bearing Status***

- Discontinue brace and crutches

#### ***Therapeutic Exercise***

- Continue with flexibility exercises
- Hamstring curls
- Mini-squats and leg press to 60 degrees
- StairMaster, elliptical trainer, cross-country ski machine, lap swimming
- Stationary bike, increase resistance
- Step-up, start 2 inches and increase to 8 inches
- Continue to work on proprioception and balance (lateral slide board, ball throwing and catching on unstable surface)
- Treadmill walking

### **PHASE IV (3 months+)**

#### ***Criteria***

- Full, pain-free range of motion
- No patellofemoral irritation
- Sufficient strength and proprioception to progress to recreational activities

### ***Goals***

- Return to unrestricted activity by 4-5 months

### ***Therapeutic Exercises***

- Progress with flexibility and strengthening program
- Advance with closed chain exercises
- Begin pool jogging and progress to running on land
- Begin to incorporate cutting drills into agility training
- Advance heights with plyometric conditioning
- Sports specific drills (start a 25% on speed and advance as tolerated)

### ***Criteria for Return to Sports***

- Full range of motion
- No effusion
- Quad and hamstring strength 90% of contralateral side
- No patellofemoral symptoms