

REHABILITATION GUIDELINES FOR MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION

PHASE I (0-2 WEEKS)

DATES:

Appointments	<p>Physical therapy 2 x/week</p> <ul style="list-style-type: none"> MD visit at 7-10 days post op for stitch removal
Rehabilitation Goals	<ul style="list-style-type: none"> Restore full passive knee extension Diminish joint swelling and pain Gradually improve knee flexion Re-establish quad control
Precautions	<p>WB:</p> <ul style="list-style-type: none"> WBAT two crutches <p>Brace:</p> <ul style="list-style-type: none"> Locked at 0 for ambulation, otherwise 0-30 degrees flexion Sleep with brace locked in full extension PROM 0-30 degrees flexion Soft tissue mobilization of distal ITB, lateral retinaculum Swelling control measures Patellar mobilizations: avoid lateral glides
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Ankle pumps Knee extension overpressure AROM and PROM for flexion for 30 degrees Quad sets Prone extension hang Weight shifting (brace locked) Heel raises (brace locked) NMES for quad sets to diminish inhibition
Cardiovascular Exercises	<ul style="list-style-type: none"> No lower extremity cardio at this time

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Progression Criteria	<ul style="list-style-type: none"> • Full passive knee extension • Knee flexion 0-30
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PHASE II (2-6 WEEKS)

DATES:

Appointments	<p>Continue physical therapy 2 x/week</p> <ul style="list-style-type: none"> • MD visit at 6 weeks post op
Rehabilitation Goals	<ul style="list-style-type: none"> • Full passive knee extension • Full active quad contraction with superior patellar glide • Gradually improve knee flexion • Patient is able to tolerate FWB with brace locked at 0 degrees without pain
Precautions	<p>Brace:</p> <ul style="list-style-type: none"> - After post op MD visit and sutures are out: - Locked at 0 for ambulation and weight bearing exercises; otherwise 0-90 degrees flexion • AROM/PROM 0-90 degrees flexion • continued emphasis on extension • Continue avoiding lateral glides
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue with above exercises • Continue with NMES if needed • Heel slides to 90 degrees flexion • ITB stretching • Single leg balance locked in brace, heel raises locked in brace • 4 way SLR (flexion, adduction, abduction, extension) • Bridges with feet on ball
Cardiovascular Exercises	<ul style="list-style-type: none"> • No lower extremity cardio at this time
Progression Criteria	<ul style="list-style-type: none"> • Full passive knee extension • Full active quad contraction with superior patellar glide • Gradually improve knee flexion • Patient is able to tolerate FWB brace locked at 0 degrees without pain

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PHASE III (6-12 WEEKS)

DATES:

Appointments	<p>Continue physical therapy 2 x/week</p> <ul style="list-style-type: none"> MD visit at 12 weeks post op
Rehabilitation Goals	<ul style="list-style-type: none"> Restore full knee ROM Wean off of crutches and brace Restore normal gait pattern Gradually improve ADLs and strength
Precautions	<ul style="list-style-type: none"> Bike to start strengthening and improve ROM, gradually lower seat as ROM allows
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Mini squats and lunges Hamstring curls with light weights Heel raises Step ups/lateral step downs Single leg balance Lateral steps
Cardiovascular Exercises	<ul style="list-style-type: none"> Stationary bike Walking
Progression Criteria	<ul style="list-style-type: none"> Full knee ROM Normal gait pattern without assistive device Improving functional strength

PHASE IV (12-18 WEEKS)

DATES:

Appointments	<p>Continue physical therapy 1-2 x/ week</p>
Rehabilitation Goals	<ul style="list-style-type: none"> Full ROM Normal patellofemoral mobility Patient demonstrates normal mechanics with CKC exercises

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Precautions	<ul style="list-style-type: none"> • None at this time
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Controlled sports start such as jogging inline • Continue with above exercises and progress with proprioception and agility, leg press, leg curls, deadlifts, core strength • Can start more sport specific training at 4 months
Cardiovascular Exercises	<ul style="list-style-type: none"> • Bike • Inline jogging
Progression Criteria	<ul style="list-style-type: none"> • Return to sport at 6 months if : • Quadriceps and hamstring strength at least 90% of unaffected leg • Able to return to sport per return to sport test

References:

Fisher, Brent M.D. Medial Patellofemoral Ligament Reconstruction for Recurrent Patellar Dislocation: A Systematic Review Including Rehabilitation and Return to Sports Efficacy; *Arthroscopy: The Journal of Arthroscopic and Related Surgery* 2010

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