

MEDIAL PATELLA FEMORAL LIGAMENT RECONSTRUCTION Rehab Protocol

This rehabilitation protocol has been designed for patients who have undergone an MPFL reconstruction. Dependent upon the particular procedure, this protocol also may be slightly deviated secondary to Dr. Stewart's medical decision.

The protocol is divided into several phases according to post-operative weeks and each phase has anticipated goals for the individual patient to reach. The **overall goals** of the reconstruction and the rehabilitation are to:

- Control joint pain, swelling, hemarthrosis
- Regain normal knee range of motion
- Regain a normal gait pattern and neuromuscular stability for ambulation
- Regain normal lower extremity strength
- · Regain normal proprioception, balance, and coordination for daily activities
- Achieve the level of function based on the orthpaedic and patient goals

The physical therapy is to begin 2nd post-operative week. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor:

- Swelling of the knee or surrounding soft tissue
- Abnormal gait pattern, with our without assistive device
- Limited range of motion
- Weakness in the lower extremity musculature (quadriceps, hamstring)
- Insufficient lower extremity flexibility
- Excessive pain with flexion, or medial tracking of the patella with flexion

Return to activity requires both time and clinic evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Isokinetic testing and functional evaluation are both methods of evaluating a patient's readiness to return to activity.



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MEDIAL PATELLA FEMORAL LIGAMENT RECONSTRUCTION Rehab Protocol (page two)

PHASE ONE—Weeks 1-2 RANGE OF MOTION: 1-2 ROM 0-40° Passive Range of Motion Ankle pumps Gastroc/soleus stretches STRENGTH: Quad sets x10 minutes SLR (flex and abd) Heel raise/Toe raise Wall squats WEIGHT BEARING: Partial weight bearing with the knee locked in extension MODALITIES: Electrical stimulation as needed Ice 15-20 minutes with knee at 0° extension BRACE: Remove brace to perform ROM activities I-ROM when walking with crutches GOALS OF PHASE ONE: ROM (see above, depends on procedure) Control pain, inflammation, and effusion Adequate quad contraction NWB to WBAT, per Dr. Stewart (depends on procedure)

PHASE TWO-Weeks 2-4

RANGE OF MOTION: Passive, 0-60° Ankle Pumps Gastroc/Soleus stretch Light hamstring stretch at Week 4 Heel/Wall slides to reach goal STRENGTH: Quad sets with biofeedback SLR (flex, abd, add) Heel Raise/Toe Raise MODALITIES: E-Stim/Biofeedback, as needed Ice 15-20 minutes BRACE: I-ROM when walking with crutches with the brace locked in extension GOALS OF PHASE TWO: ROM to 60° flexion by week 4 and 0° extension Diminish pain, inflammation, and effusion Quad control Initiate weight bearing as permitted by Dr. Stewart



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PHASE THREE-Weeks 4-6

RANGE OF MOTION: Passive, 0-90° Gastroc/Soleus stretch Heel/Wall slides to reach goal STRENGTH: Progressive isometric program SLR in 4 planes with ankle weight/tubing Heel Raise/Toe Raise Mini-squats/Wall squats Initiate isolated hamstring curls Multi-hip machine in 4 planes Leg Press—double leg eccentric EFX/Retro treadmill Lateral/Forward step-ups/downs Lunges **BALANCE TRAINING:** Single leg stance Weight shift Balance board/two-legged Cup walking/hesitation walking WEIGHT BEARING: WBAT in knee immobilizer locked in extension MODALITIES: Ice 15-20 minutes BRACE: Discharge at 6 weeks. GOALS OF PHASE THREE: ROM 0-90° Increase lower extremity strength and endurance Minimize pain, swelling, and effusion



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PHASE FOUR-Weeks 6-12

Weeks 6-10: RANGE OF MOTION: 0-135° 0-135° Passive, 0-135° by Week 10 Gastroc/Soleus/HS stretch STRENGTH: Continue exercises from Weeks 4-6 Leg press/Single Leg Eccentric Lateral lunges BALANCE TRAINING: Two-legged balance board Single leg stance with plyotoss Cup walking 1/2 foam roller work MODALITIES: Ice 15-20 minutes BRACE: Functional brace as needed GOALS OF PHASE FOUR: Full weight bearing, normal gait Restore full knee ROM (0-135°) Increase strength and endurance Enhance proprioception, balance, and neuromuscular control

PHASE FIVE-Weeks 12-16

RANGE OF MOTION: Continue all stretching activities STRENGTH: Continue exercises from weeks 4-12 Initiate plyometric training drills Progress jogging/running program Initiate isokinetic training (90-30°), (120-240°/sec) MODALITIES: Ice 15-20 minutes GOALS OF PHASE FIVE: Restore functional capability and confidence Restore full knee ROM (0-135°) Enhance lower extremity strength and endurance

Weeks 10-12: RANGE OF MOTION: 0-135° Passive, 0-135° Gastroc/Soleus/HS stretch STRENGTH: Continue exercises from Weeks 4-10 Initiate jogging protocol, start on mini-tramp at week 10, as tolerated, progress to treadmill Progress with proprioception training Walking program Bicycle for endurance MODALITIES: Ice 15-20 minutes



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PHASE SIX-Weeks 16-20

RANGE OF MOTION: Continue all stretching activities STRENGTH: Continue all exercises from previous phases Progress plyometric program Increase jogging/running program Swimming (kicking) Backward running FUNCTIONAL PROGRAM: Lateral movement Carioca, figure 8's MODALITIES Ice 15-20 minutes, as needed GOALS OF PHASE SIX: Maintain muscular strength and endurance Perform selected sport-specific activity Progress skill training Enhance neuromuscular control

PHASE SEVEN-Weeks 20-36

RANGE OF MOTION: Continue advanced strengthening FUNCTIONAL PROGRAM: Progress running/swimming program Progress plyometric program Progress sport training program Progress neuromuscular program MODALITIES: Ice 15-20 minutes, as needed GOALS OF PHASE SEVEN: Return to unrestricted sporting activity Achieve maximal strength and endurance Progress independent skill training Normalize neuromuscular control drills

At six and twelve months, a follow-up isokinetic test is suggested to guarantee maintenance of strength and endurance. Advanced weight training and sport specific drills are advised to maintain a higher level of competition.