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Medial Patellofemoral Ligament Reconstruction Protocol

Name _____ **Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

Therapist will change your dressing at your first appt. This is typically 2-3 days after surgery. Surgical wounds are closed with absorbable suture and covered with steri-strips or black Nylon sutures. There will be gauze and padding over the incisions and the extremity wrapped with an ACE wrap. The surgical dressing should be changed by the therapist using sterile technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. Before the new dressing is applied the wounds should be clean and dry. Please do not use tegaderm unless it was used at the time of surgery or if specifically stated on the orders.

The dressing will be changed for the second time at your second therapy visit. After the second visit and second dressing change patient is permitted to shower at home. Remove the ACE wrap before shower. The wounds should be covered with Press-N-Seal. If the wounds get wet, use a hair dryer to completely dry the area prior to covering with ACE wrap after the shower.

Once you are permitted to get the incisions wet, warm soapy water should gently rinse the surgical area. Do NOT scrub the area. Pat the area dry with a clean towel and keep free of lotions or creams. Do NOT soak in a pool, bath or hot tub until permitted by the surgeon's office. Please wear clean clothes following shower and be conscious of any pet hair or other contaminants near the surgical area.

Anytime the dressing is changed or examined, please wash hands prior with antibacterial soap. Do not apply any ointments or medications to the area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

MPFL RECONSTRUCTION REHABILITATION PROTOCOL

PHASE/WEEKS	BRACE/ WEIGHT BEARING/ROM GOALS	THERAPEUTIC EXERCISES AND INTERVENTIONS
Phase 1 (weeks 0-2/3)	<p>Brace Long TROM Brace locked at 0 degrees for all activities, except hygiene and PT.</p> <p>Weight Bearing AS TOLERATED with brace locked at 0 degrees. Use crutches.</p> <p>May start walking without crutches as long as there is no increased pain, effusion, and proper gait.</p> <p>ROM for exercises (passive/active) 0-30 degrees week 1 0-60 degrees week 2 (may be delayed by surgeon)</p>	<p>Quad sets isometrics Ankle Strengthening Straight leg raises (4 way) Heel slides within restrictions Resisted SLR (4 way) standing Patellar Mobilization Stretching NMES (Home use ok) Cryotherapy</p>
Phase 2 (weeks 3-6)	<p>Brace open for walking and ADLs 0-30 degrees Week 3 0-60 degrees Week 4 0-90 degrees Week 5 unlocked/open Week 6</p> <p>WBAT: May unlock brace when able to perform straight leg raise without lag</p> <ul style="list-style-type: none"> • Discontinue use of brace after 6 wks (or per surgeon) and when gait is normal. <p>ROM 0-90 degrees week 3 0-120 week 4 Full Rom week 6</p>	<p>Same as phase 1 plus: Gait training Closed chain toe raises</p> <p>Wall sits, mini-squats, inclined leg press low loads within range restrictions and if ok by surgeon.</p> <p>Stationary Bike (if 105 deg.)</p>
Phase 3 (weeks 7-12)	<p>No Brace</p> <p>FWB</p> <p>Full ROM</p> <p>Improved gait, balance, and strength</p>	<p>Same as phase 1 and 2 plus:</p> <p>Open Kinetic Strengthening Hamstrings 0-90 deg., Quadriceps 90-30 deg. Step ups/downs (gradual) Leg Press 70-10 deg. Swimming, stair climber, elliptical (week 9)</p>
Phase 4 (weeks 12-24)	<p>80-100% strength Normal gait, running pattern Normal Balance and proprioception Gradual return to activities/sports</p>	<p>Same as Phase 3 plus:</p> <p>BOSU/disc step ups/balance Mini-trampoline activities Intermittent running program.</p>

		Floor agility ladder Plyometrics Functional Test
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Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient’s therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient’s outcome do not hesitate to call.

Patient’s recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ Date _____