

550 W Ogden Ave Hinsdale, IL Phone: (630) 323-6116 Fax: (630) 323-6169

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# Ronak M. Patel, MD

# MPFL Reconstruction Rehabilitation Guidelines

# Acute/Immediate Post-Operative Phase 0-1 week

#### Guidelines

- Brace:
  - o Locked in full extension for all activities except therapeutic exercises
  - o Locked in full extension for sleeping
- Gait: WBAT with 2 crutches
- ROM:
  - o Knee: 0 30 degrees
  - o Ankle AROM
- Maintain hamstring strength of the ipsilateral leg and lower extremity strength of the contralateral leg

# **Moderate Protection Phase 1-4 weeks**

#### Guidelines

- Brace:
  - o Weeks 0-4, locked in full extension for all activities except therapeutic exercises
  - o Until 2 weeks post-op, keep locked in full extension for sleeping
- Gait: FWB/WBAT with 2 crutches
- ROM:
  - o Weeks0–2: 0–30 degrees
  - o Weeks2-4: 0-60 degrees
  - o Weeks4–6: 0–90 degrees
- Strengthening:
  - o Quad sets with biofeedback and e-stim for VMO
  - o By 6 weeks, goal of regaining active quad and VMO control
    - o Heel slides to recommended ROM, SLR in 4 planes with brace locked in full extension o Resisted ankle ROM with theraband
    - o Patellar mobilization, as tolerated

# **Moderate Protection Phase 4-10 weeks**

#### Guidelines

- 4–6weeks:
  - o Brace
    - Removed for sleeping
    - Locked in full extension for ambulation
  - o Gait: FWB/WBAT without crutches
  - o ROM
    - $\bullet$  0 120 degrees of flexion
    - Strengthening: Continue same as Phase II
- 6–8weeks:
  - o Brace
    - Begin to wean
  - o Gait: Normalize gait
  - o ROM: Increase flexion gradually to normal range for patient
  - o Strengthening
    - Continue NMES as needed
    - Progress to WB gastroc and soleus stretching



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- Closed chain balance exercises
- AVOID deep knee squatting greater than 90 degrees
- Stationary bike: low resistance and high seat
- Wall slides progressing to mini-squats 0 45 degrees of flexion
- 8-10 weeks:
  - o Brace: not needed
  - o Gait: D/C if no extension lag is present, patient is able to achieve full extension, and gait pattern is normalized with one crutch
  - o Strengthening:
    - SLR without extension lag
  - o Closed-chain strengthening including step-up (begin at 2-inch step)
    - Moderate resistance for stationary bike
    - 4-way resisted hip strengthening
    - Leg press 0 60 degrees of flexion
    - Swimming and/or stair master for endurance
    - Toe raises, hamstring curls, and proprioceptive exercises
    - Treadmill walking
    - Flexibility exercises

# Minimal Protection Phase (Progressive ROM/Strengthening) 10+ weeks

#### Guidelines

#### Criteria:

- Clearance from physician to begin more concentrated closed-kinetic chain exercises and resume full or partial activity level
- At least 0 115 degrees AROM with no swelling and complete voluntary contraction of quad
- No evidence of patellar instability
- No soft tissue complaints
- Strengthening:
  - Progression of closed-kinetic chain activities including partial squats (0 90 degrees), leg press, forward and lateral lunges, lateral step-ups, bicycle and/or stepper o Functional progression, sport specific activities

### **Return to Activity Phase**

- © Exercises: Slowly progress to treadmill walking, resisted biking, running (as strength, ROM and pain/swelling allow) progress proprioception activities as tolerated, begin hop/agility when good alignment and LE control is present\*
- \*May use single leg hop for distance testing (Cincinnati hop tests) for side-to-side comparison 80% is goal to begin light agility and cutting

\*\*Modalities as needed for pain control and quadriceps strengthening are permitted.