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Post-Operative Rehabilitation Guidelines for:
Knee Arthroscopy, Mini-Open MPFL Reconstruction with Tendon Graft (S83.0)

Patient Name: _____ **Date:** _____
Treatment Frequency: 2-3 x week **Duration of Therapy Prescription:** 8 weeks

PHASE 1: WEEKS 0 - 6

- Anti-inflammatory modalities as needed: Ice, massage, elevation
- Hinged knee brace (Breg) locked in extension, FWB with crutches for first 4-6 wks
 - ROM: advance as tolerated to full (may remove brace for motion)
 - Quad activation/isometrics, SLR, gentle patella mobilization
 - Home CPM to facilitate ROM
 - Discontinue hinged brace at 6 weeks if Quad control/strength adequate
 - Begin use of lateral patellar buttress brace for outside ambulation (4-6 more weeks)
 - Avoid: Squatting, pivoting, twisting, deep knee bends, repetitive stairs for 2-3 months
 - Start strengthening of VMO and hip External Rotators (focus on limb alignment & gait)
 - Special: _____

PHASE 2: WEEKS 7 - 12

- Continue anti-inflammatory modalities
- Advance knee motion and gait mechanics
- Stationary bicycle when ROM adequate
- Core strengthening (closed kinetic chain)
- Advance Quad exercises (NMES as needed)
- Proprioceptive training/ exercises
- Wean off lateral buttress brace

PHASE 3: WEEKS 12 - 18

- In-line running permitted at 12 weeks
- Running with subtle change in direction at 16 weeks
- Cutting with sharp stop-and-go exercises at 18 weeks
- Squats, deep knee bends, pivoting and cutting allowed by 4 months
- Return to full sport by 4-5 months
- Advance core strengthening
- Advance proprioceptive training (single leg hop, hop scotch)
- Plyometrics: advance

Please send progress notes.

Physician's Signature: _____
(I have medically prescribed the above treatments)

Jozef Murar, M.D.
Orthopaedic Surgeon