

Tibial Tubercle Osteotomy with MPFL Reconstruction

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The surgeon may specify on the referral any specific requests or deviations that fall outside the scope of this protocol, including if *deceleration* of these time frames is desired.

Phase I	Phase II	Phase III	Phase IV
(Weeks 0 – 2)	(Weeks 2 – 6)	(Weeks 6 – 12)	(Weeks 12 – 24+)
PRECAUTIONS NWB with crutches Wear brace at all times except when bathing or doing therapy exercises No open-chain quad at any point CLINICAL CARE Swelling/Wound Management NMES Gait Training EXERCISES ROM 0-90° Passive extension stretching (emphasize full extension) Ankle pumps Quad sets Upright SLR (in brace) NMES is strongly recommended to improve quad strength CRITERIA to advance ROM Extension: 0° Flexion: 90°	PRECAUTIONS TDWB with crutches until sufficient quad control Continue knee immobilizer for ambulation CKC (0-60°) for strength training CLINICAL CARE Swelling Management Work on normalizing gait NMES Manual knee flexion/extension stretching Light scar mobilization when wound closed Blood Flow Restriction Training Pool therapy when OK'ed by MD EXERCISES Gentle AAROM/PROM 0-120° Bike for ROM CKC hip strengthening Basic proprioceptive activities Continue NMES Hamstring ISOs CRITERIA to advance Single leg stance control w/o UE support Effusion managed ROM Flexion: >120°	PRECAUTIONS Progress WBAT to FWB with crutches when sufficient quad control Watch for patellofemoral pain Possible lateral support brace until good quad control Watch hip/knee alignment with single leg stance CLINICAL CARE Blood Flow Restriction Training Manual Therapy PRN Eccentric Training (CKC) EXERCISES Stationary biking for ROM Advance CKC strengthening single leg without dynamic valgus Seated knee extension (90-45°) Core exercises Hamstring strengthening Forward and lateral step ups Step downs Leg press (double progress to single) Lunges CRITERIA to advance Normal gait mechanics Negotiate stairs normally Restore limb confidence ROM	PRECAUTIONS Watch hip/knee alignment with single leg squatting No jumping, cutting, or sprinting until cleared Hold on return to run or hop testing until quad limb symmetry index (LSI) is >70% and there is trace or less joint effusion CLINICAL CARE Blood Flow Restriction Training for atrophy as needed EXERCISES 12-16 weeks Stairmaster, elliptical, moderate biking Running: initiate walk-jog program when the following criteria are met: > 16 weeks 70% quad LSI Effusion - trace or less Jumping: double progress to single leg High level strengthening: single leg on unstable surfaces 16+ weeks Agility drills/plyometrics Sports specific activities 24+ weeks Cutting/sport specific activities if cleared CRITERIA to advance Return to sport or heavy work cleared by MD >90% of limb symmetry on Functional Testing Within 1 cm quad girth difference side to side

	Full extension Flexion within 5° of uninvolved side
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