

Medial Patellofemoral Ligament Repair/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 (Weeks 0 – 2)	Phase II (Weeks 2 – 6)	Phase III (Weeks 6 – 12)	Phase IV (Weeks 12 – 24+)
<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • WBAT with crutches • Wear brace at all times except when bathing or doing ROM exercises • No open-chain quad at any point <p>CLINICAL CARE</p> <ul style="list-style-type: none"> • Swelling/Wound Management • NMES • ROM as tolerated • Gait Training <p>EXERCISES</p> <ul style="list-style-type: none"> • Passive extension stretching (emphasize full extension) • Gentle AROM/PROM • Ankle pumps • Quad sets • SLR (no extensor lag, in brace) • Calf raises • NMES is strongly recommended to improve quad strength <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> • Wean from crutches by POD #14 • SLR without lag • Single leg stance w/ UE support • ROM <ul style="list-style-type: none"> ○ Extension: 0° ○ Flexion: 90° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • WBAT crutches until sufficient quad control • Transition to lateral support brace • CKC (0-60°) for strength training <p>CLINICAL CARE</p> <ul style="list-style-type: none"> • 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 <p>EXERCISES</p> <ul style="list-style-type: none"> • Leg press (double progress to single) • Bike for ROM • Forward and lateral step ups • Seated knee extension (90-45° only starting at week 4) • CKC hip strengthening • Basic proprioceptive activities • Continue NMES <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> • Normal gait mechanics • Single leg stance control w/o UE support • Effusion managed • ROM <ul style="list-style-type: none"> ○ Flexion: >120° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Watch for patellofemoral pain • FWB • Continue lateral support brace until good quad control • Watch hip/knee alignment with single leg squatting <p>CLINICAL CARE</p> <ul style="list-style-type: none"> • Blood Flow Restriction Training • Manual Therapy PRN • Eccentric Training (CKC) <p>EXERCISES</p> <ul style="list-style-type: none"> • Stationary biking with resistance • Advance CKC strengthening single leg without dynamic valgus • Seated knee extension (90-45°) • Step downs • Lunges • Begin light hamstring strengthening • Core exercises <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> • Negotiate stairs normally • Restore limb confidence • ROM <ul style="list-style-type: none"> ○ Full extension ○ Flexion within 5° of uninvolved side 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • 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 >80% and there is trace or less joint effusion <p>CLINICAL CARE</p> <ul style="list-style-type: none"> • Blood Flow Restriction Training for atrophy as needed <p>EXERCISES 12-16 weeks</p> <ul style="list-style-type: none"> • Stairmaster, elliptical, moderate biking • Running: initiate walk-jog program when the following criteria are met: <ul style="list-style-type: none"> ○ 80% quad LSI ○ Effusion - trace or less • Jumping: double progress to single leg • High level strengthening: single leg on unstable surfaces <p>16+ weeks</p> <ul style="list-style-type: none"> • Agility drills/plyometrics • Sports specific activities <p>24+ weeks</p> <ul style="list-style-type: none"> • Cutting/sport specific activities if cleared <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> • 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