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Patellar Stabilization with MPFL Reconstruction with Allograft

POSTOP REHABILITATION PROTOCOL:

MPFL RECONSTRUCTION

PHASE I: weeks 0-6

Weeks 0-2:

Goals:

1. Control pain and inflammation
2. Protect fixation and soft tissues
3. Regain quadriceps and VMO Control.

Brace: range of motion knee brace locked in extension for all activities

Range of motion: limit 0-90 deg

Weight bearing: partial **weight-bearing**

Exercises:

1. Quadriceps sets
2. Hamstring isometrics
3. Straight leg raises in four planes with brace locked in extension
4. Non-weight bearing gastroc-soleus and hamstring stretches
5. Resisted ankle range of motion with therabands
6. Patellar mobilization when tolerated - focusing on superior and inferior, avoid lateral translation

Modalities:

1. Heat before
2. Ice after activities
3. Quadriceps stim
4. Use NMES and TENS and order for home as well.

(Please contact Dr. Takenishi if ROM is restricted or significant difficulty obtaining ROM especially in the first 6 weeks after surgery)

Sacramento orthopedic center

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Weeks 2-6:

Brace: range of motion knee brace locked in extension for ambulating and sleeping

Range of motion: increase to 0-120 deg (120 deg by week 4) and full range of motion after week 4

Weight bearing: weight-bearing as tolerated at 4 weeks with knee in extension

Exercises: stationary bike, core, proprioception

Continue above exercises.

Phase II: weeks 6-12

ONLY progress to Phase II if patient has no signs of active inflammation, a good quadriceps set and appropriate amount of allowed flexion

Goals:

1. Increase range of motion to full
2. Avoid over-stressing fixation
3. Increase quadriceps and VMO control for restoration of proper patellar tracking

Weeks 6-8:

Brace: keep locked in extension while ambulating and sleeping until patient shows adequate quadriceps control (usually minimum of 8 weeks)

Range of motion: slowly increase range of motion to goal of full flexion by 8 weeks

Weight bearing: WBAT

Exercises:

1. continue Phase I exercises
2. Balance and proprioceptive exercises
3. SLRs without brace
4. Weight bearing gastroc-soleus stretches
5. Stationary bike with low resistance and high seat position to decrease patellofemoral joint compression forces

Weeks: 8-12

Brace: May discontinue brace only good, active control of the knee are demonstrated

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Range of motion: progress to full range of motion

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1. Step-up
2. Closed kinetic chain terminal knee extension with resistive tubing or weight machine
3. Hamstring curls
4. Toe raises
5. Leg press from 0-45 deg of flexion
6. Flexibility and proprioception exercises
7. Progress to moderate resistance on stationary bike
8. Begin treadmill walking
9. Continue Proprioceptive exercise and CORE

PHASE III: 4 months to 6 months

Goal:

1. Good to normal quadriceps strength
2. No evidence of patellar instability
3. No Soft tissue complaints
4. Normal gait pattern

Exercises:

1. Open and closed kinetic chain strengthening
2. Pool running program
3. Increase difficulty and intensity of treadmill, bike, and elliptical trainer
4. Start jogging at 4 months if quadriceps girth is 50% of opposite leg.
5. Progress to running and sprinting program after 5 months and sport specific drills.
6. Progress to full sports after 6-7 months when quadriceps girth are equal in size and patient demonstrates good proprioception on each leg (equal single leg squats without imbalance, and equal single leg hop progression)

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