

Jared Smith, MD
MPFL Reconstruction (ISOLATED MPFL – NOT FOR
TIBIAL TUBERCLE SLIDES)

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-6 PT 2-3x/week HEP daily	ROM 0-90° Edema and pain control Limit quadriceps inhibition SLR without lag Promote independence	WBAT, Knee immobilizer for ambulation & sleep Weeks 0-4: Limit knee flexion: 0-60° Weeks 4-6: Limit knee flexion: 0-90° Avoid lateralization of patella (lateral patella glides, SLR for hip flexion, active knee extension exercises)	A/AAROM flexion PROM extension Quad re-education Patella mobilization (avoid lateral) Hip/Core training
Weeks 6-12 PT 2-3x/week HEP daily	ROM 0-130° Minimize effusion & pain Improve quad control Promote independence Normalize gait Ascend 8" step with control	Weeks 6-8: ROM 0-110° May remove immobilizer for gait training with PT. Weeks 8-10: ROM 0-120° DC brace when adequate quad Weeks 10-12: ROM 0-130° Avoid lateralization of patella No running	Gait training Closed chain quad strengthening Bilateral leg press 0-60° Short crank → standard (ROM>115°) Forward step-up program Advance proprioceptive training Proximal strengthening & Core
Weeks 12-18 PT 1-2x/week HEP daily	Full ROM Normal gait Step-up/down 8" with control Adequate Core	Avoid painful activities Avoid too much too soon	Progress quad strengthening Progress squat program <90° flexion Forward step-down program Elliptical, retrograde treadmill Endurance training
Weeks 18-24 PT 1x/week HEP daily	Symptom free running Strength and flexibility to meet sporting demands Hop Test >75% contralateral	Avoid painful activities No sport until MD clearance	Forward running program weeks (when 8" step down OK) Advance agility program Advance core strengthening Plyometrics when sufficient base Sport specific training
Weeks 24+ PT 1x/week HEP daily	No limitations No apprehension with sport specific movements Hop Test >85% contralateral	Avoid painful activities No sport until MD clearance	Advance flexibility/agility/plyometrics Sport specific training