



HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE

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Rehabilitation Guidelines MPFL Reconstruction

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Restrictions or precautions may also be given to protect healing.

PHASE I (Surgery to 4 weeks)

APPOINTMENTS	Meet with physician 1 week post op Begin physical therapy within 1 week of surgery
REHAB GOALS	1. Reduce pain and swelling in the post-surgical shoulder 2. Full active extension and 90 degrees of flexion 3. Protect healing of repaired tissues 4. Achieve quadriceps control
PRECAUTIONS	1. Brace locked in extension for 4 weeks during ambulation 2. Discontinue brace for sleep 3. May remove brace for exercises except straight leg raises 4. WBAT with crutches
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none">• Straight leg raises in all planes• Heel Slides to 90 degrees, calf pumps, quad sets• Patellar mobilization• Electrical stimulation and biofeedback• Ankle ROM w/ resistive exercise with sports tubing
CARDIOVASCULAR FITNESS	
PROGRESSION CRITERIA	4 weeks post op

PHASE II (begin at 4weeks post-op)

Criteria- Full extension, 90 degrees of flexion, acceptable quad set/SLR without extension lag.

APPOINTMENTS	Physical therapy 2 x per week
REHAB GOALS	1. Increase ROM 2. Increase Strength 3. Establish normal gait with unlocked brace

PRECAUTIONS	<ol style="list-style-type: none"> 1. May discontinue crutches and brace when normal gait pattern and quad control is achieved 2. Full weight bearing
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Increase ROM • Progress to SLR without Brace • Mini-squats (0-45) • Stationary bike (high seat, low tension) • Closed chain extension (leg press 0-45) • Pool walking/jogging • Toe raises • Hamstring and gastroc/soleus stretches • Proprioception <p>Mini tramp standing Stable and unstable platform (open and close eyed) Standing ball throwing and catching</p>
CARDIOVASCULAR FITNESS	
PROGRESSION CRITERIA	<p>Normal Gait Full ROM Sufficient strength and proprioception to initiate functional activities</p>

PHASE III (begin when patient has met prog. criteria from Phase II ~5-7 wks post-op)

APPOINTMENTS	Physical therapy 2x per week
REHAB GOALS	<ol style="list-style-type: none"> 1. Improve confidence in the knee 2. Protect the patellofemoral joint 3. Progress with strength, power, and proprioception
PRECAUTIONS	<ol style="list-style-type: none"> 1. Discontinue brace and crutches
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Continue with flexibility exercises • Hamstring curls • Mini squats and leg press to 60 degrees • Stairmaster, elliptical, lap swimming machine • Stationary bike with increased resistance • Continue to work on proprioception and balance <p>Lateral slide board Ball throwing</p> <ul style="list-style-type: none"> • Treadmill walking
CARDIOVASCULAR FITNESS	
PROGRESSION CRITERIA	<p>Full, pain free ROM No patellofemoral irritation Sufficient strength and proprioception to progress to recreational activities</p>

PHASE IV (begin when patient has met prog. criteria from Phase III)

APPOINTMENTS	Physical therapy 2 x per 4weeks
REHAB GOALS	1. return to unrestricted activity by 4-5 months
PRECAUTIONS	None
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none">• Progress with flexibility and strengthening program• Advance to closed chain exercises• Begin pool jogging and progress to running on land• Begin to incorporate cutting drills into agility training• Advance heights with plyometric conditioning• Sports specific drills(start at 25% speed and advance as tolerated
CARDIOVASCULAR FITNESS	
PROGRESSION CRITERIA RETURN TO SPORT	Full ROM No effusion Quad and hamstring strength 90% of contralateral side No Patellofemoral symptoms