MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION

REHABILITATION PROGRESSION

The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

PRECAUTIONS

• supervised physiotherapy is expected for approximately 2–6 months
• hinged rehab brace to be worn immediately post-op or once able to fit, and continued for duration of rehab
• bathing/showering without brace after 14 days
• use crutches to weight bear for 6 weeks

PHASE 1 (WEEK 0–2)

• allow healing of soft tissue & keep wound dry for 2 weeks
• hinged knee brace immobilization: knee locked in 0 to 30°
• immediate weight bearing initiated with crutches
• isometric quadriceps and hamstrings exercises
• maintain uninvolved joint mobility (hip, ankle, & foot)
• cryotherapy for knee & modalities for inflammation as needed

PHASE 2 (WEEKS 2–6)

• start closed kinetic chain exercises for quads, hamstrings & calf muscles – in gravity eliminated plane or with support
• ROM 0° to 120°, advance of 30° every 2 weeks
• ROM hinged brace gradually unlocked to meet increases in flexion
• cryotherapy for knee & modalities for inflammation as needed

PHASE 3 (WEEKS 6–16)

• hinged knee brace discontinued
• use of lateral buttress knee sleeve or PF stabilizer brace
• supervised isokinetic strengthening program initiated
• start treadmill (forward)
• proprioceptive exercises (start bilaterally and progress to unilateral)
• continue with closed kinetic chain exercises
• wall squats, knee extension in pain-free arc, bicycle
• resumption of strenuous athletic activity prohibited until 6 months
PHASE 4 (MONTHS 16–24)

• continue with ROM, strengthening, endurance and functional activities
• can initiate open kinetic chain exercises (to full knee extension)
• initiate plyometric program as appropriate for patient’s functional goals
• return to sporting/work or unrestricted activity allowed with following criteria met:
  ‣ full knee ROM
  ‣ 85–90% of strength of contralateral knee obtained with isokinetic strength testing

SOURCES: