



MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION

REGENMD REHABILITATION PROTOCOL

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 I (WEEK 1-2)

- 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:

- Fisher, B. et al. Medial Patellofemoral Ligament Reconstruction for Recurrent Patellar Dislocation.. Arthroscopy. 2010 Oct;26(10):1384-94..
- Sherry M.. Rehabilitation Guidelines for Medial Patellofemoral Ligament Repair & Reconstruction.. Univ. of Wisconsin Sports Med. UWSportsmedicine.org, 2012.