

**Proximal Patellar Realignment (MPFL repair/reconstruction +/- Lateral Release) and Distal Anteromedialization (AMZ) Osteotomy**  
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Patient Name	Date of Surgery
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**Procedure:**  Right  Left Knee  Proximal and Distal (AMZ) Patellar Realignment  
**Associated Procedure(s):** (check if applicable)  ACI biopsy

- Evaluate and Treat – no open chain or isokinetic exercises
- Provide patient with home exercise program

**Phase I (0-6 wks):** *Period of protection.*

- **Heel touch weight-bearing (20%) with brace locked in extension.** Hinged knee brace should be worn at all times except for PT and hygiene. Brace should be locked in extension for first 2 weeks, then unlocked at all times except sleeping.
- **ROM:**
  - Immediate passive ROM to tolerance; progress active knee flexion as tolerated, but avoid active knee extension.
  - Goal: full ROM by 6 wks.
- **Strengthening:** Gentle quad sets, co-contractions, isometric quad/hamstring strengthening in extension and at knee flexion >60 degrees.

**Phase II (6-12 wks):** *Transition phase.*

- **Transition to full weight-bearing over weeks 6-8. D/C brace once adequate quad control and no lag on SLR.**
- **ROM:** Passive ROM as tolerated with gentle stretching at end ranges if not yet at full motion. Active and active-assisted ROM as tolerated with no resistance.
- **Strengthening:** Begin and advance SLRs. Once full weight-bearing, with no lag on SLR and no limp during gait (usually by 6-8 wks), begin and slowly advance closed-chain quad/core and hamstring strengthening.

**Phase III (3-6 months):** *Begin more sport-focused conditioning.*

- **ROM:** Continue active and active-assisted ROM.
- **Strengthening:** Progress closed-chain patellofemoral strengthening without limits. Begin treadmill walking at a slow pace and progress to balance/proprioception.
- Light plyometrics and jogging can be initiated at 4 months.
- From 4.5 – 6 months, begin and advance sport-specific activities (running, agility training).
- High-impact activities (jumping, contact sports) allowed once full motion and strength achieved (usually between 4-6 months).

**Other:**

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| <input type="checkbox"/> Modalities<br><input type="checkbox"/> Heat before/after<br><input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> May participate in aquatherapy after week three, begin aqua-running week 6<br><input type="checkbox"/> Ultrasound<br><input type="checkbox"/> Ice before/after exercise |
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**Frequency:** \_\_\_\_\_ x/week x \_\_\_\_\_ weeks

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_\_\_ would \_\_\_\_\_ would not benefit from social services.**

Physician Signature	Date
Printed Name	