

Proximal Patellar Realignment (MPFL repair/reconstruction +/- Lateral Release) David E. Hartigan, M.D.

Patient Name			Date of Surgery
Procedure: ☐ Right ☐ LeftKnee ☐ Associated Procedure(s): (check if apple			
□ Evaluate and Treat – no open chain□ Provide patient with home exerc		cises	
and hygiene. ROM: Gentle passive ROM to Goal: full ROM by 6 wks Strengthening: Gentle quads (60 degrees of flexion (as to control Active assisted st Phase II (6-12 wks): Transition D/C brace. ROM: Passive ROM as tolerate tolerated with no resistance. Strengthening: Once no lag or strengthening as follows: for w	tolerance; may do as a sets, co-contractions olerated). Straight raight leg raise with phase. If with gentle stretch as LR and no limp dure eks 6-9, only do st	nextension. Hingedknee brace should be active knee flexion as tolerated. No active s, isometric quad/hamstring strengthening teg raise per quadriceps control with lith clinician Sing at end ranges if not yet at full motion. Acturing gait (usually by 6 wks), can begin close trengthening with knee bent 60 degrees on yely greater degrees of extension (advance	e extension in 0-60 degree arc. gin extension and with the knee in Brace ON. If poor quadriceps etive and active-assisted ROM as ed-chain quad/core and hamstring r more; after 9 weeks, can begin
 progress to balance/propriod Light plyometrics and jogging From 4.5 – 6 months, begin a 	more sport-focuse ctive-assisted ROM ed-chain patellofemo ception. g can be initiated a and advance sport	ed conditioning. I. bral strengthening without limits. Begin tread	ing).
□ Other:□ Modalities□ Heat before/after□ Electrical Stimulation		 ☐ May participate in aquatheral running week 6 ☐ Ultrasound ☐ Ice before/after exercise 	py after week three, begin aqua-
Frequency:x/	week x	weeks	
		s patient and physical therapy is medical	ly necessary.
This patient would would Physician Signature	not benefit from	n social services.	Date
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Printed Name			