

Proximal Patellar Realignment (MPFL repair/reconstruction +/- Lateral Release)

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Patient Name	Date of Surgery
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Procedure: Right Left Knee MPFL Repair/Reconstruction +/- Lateral Release

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.*

- **Weight bearing as tolerated with brace locked in extension.** Hinged knee brace should be worn at all times except for PT and hygiene.
- **ROM:**
 - Gentle passive ROM to tolerance; may do active knee flexion as tolerated. No active extension in 0-60 degree arc.
 - Goal: full ROM by 6 wks.
- **Strengthening:** Gentle quad sets, co-contractions, isometric quad/hamstring strengthening in extension and with the knee in >60 degrees of flexion (as tolerated). After week 4, may begin SLRs with brace locked in extension.

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

- **D/C brace.**
- **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:** Once no lag on SLR and no limp during gait (usually by 6 wks), can begin closed-chain quad/core and hamstring strengthening as follows: *for weeks 6-9, only do strengthening with knee bent 60 degrees or more*; after 9 weeks, can begin to advance closed chain strengthening at progressively greater degrees of extension (advance ~20 degrees per week, such that strengthening is done from full extension to full flexion by 3 months).

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:

Modalities

Heat before/after

Electrical Stimulation

May participate in aquatherapy after week three, begin aqua-running week 6

Ultrasound

Ice before/after exercise

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	