

# MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION /PATELLAR REALIGNMENT PROTOCOL

## OVERALL FRAMEWORK – FUNCTIONAL GOALS

The medial patellofemoral ligament (MPFL) is the primary medial patellar stabilizer. The rehabilitation will vary some from patient to patient. Some patients will have patellar realignment such as a proximal tibial osteotomy or cartilage restoration procedure done at the same time. This will alter the framework for some patients. This is an outline of the standard protocol used for MPFL reconstructions and patellar realignment procedures. Goal of return to pivoting sports by week 20-24. Functional testing such as hop and key test under Dr. Tingstad's protocols - (inlandortho.net)

Please contact us with any questions.

### Phase 1 – Minimize swelling: Weeks 0-3

- Control swelling with ice and compression and elevation. Teach how to minimize effusion, avoid hot tubs and hot baths.
- Weight bearing as tolerated with brace from 0-45 degrees and crutches.
- Goal of gaining full extension and quadriceps activation.(prone ankle hang and isometric quadriceps work encouraged)
- **Avoid** open chain straight leg raise first three weeks.
- May sleep out of brace after one week.

### Phase 2 – Motion and quadriceps control Weeks 3-6

- Wean off crutches.( once able to navigate ten stairs without limping)
- Discontinue brace when able to do ten straight leg raises with no lag, and greater than 100 degrees of flexion.
- Exercises without brace- supine/sitting heel slides – goal is 120 degrees at six weeks.
- Standing toe rise and hamstring curl, hip abduction program, floor based gluteal work and stationary bike.
- Avoid jogging or jumping.

### Phase 3 – Full motion and normal gait pattern Weeks 6-12

- Begin elliptical trainer and brisk treadmill walking, swimming. (avoiding whip kick until week 10)
- Avoid inline jogging until 11-12 weeks.
- Push for full prone motion in flexion and extension by week 7-9.
- Straight leg lifts with up to five pound ankle weights.

#### Phase 4 - Sport Specific training – Weeks 12-20

- Strength training on every other day schedule with sports specific drills.
- **Re-emphasize full motion in all planes.**
- No restriction in weight room, strength and motion should remain normal prior to sprinting and cutting activities.
- Step ups, running and sprinting on flat surface once able to jog well without pain for two weeks. (Figure of eight, carioca, gassers, shuttle run)
- Jumping and plyometrics training. (hop and key testing)

#### Phase 5 – Return to unrestricted play – Weeks 20 and beyond

- SANE -Single alpha numeric expression score of 90-100.
- Able to pass hop and key test evaluation at 95% .( see Dr. Tingstad's rehabilitation at Inland Orthopaedics)
- Clearance by physician.