



SIU MEDICINE

ORTHOPEDICS

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POST-OPERATIVE MPFL RECONSTRUCTION REHAB GUIDELINES

Diagnosis/Surgery: _____

PHASE 1: WEEKS 0-2

Goals:

1. Protect fixation and surrounding soft tissue
2. Control inflammation
3. Regain active quad contraction
4. Full knee extension

Activity:

1. Brace locked in extension for ambulation, daily activities, sleeping
Unlock only for ROM
2. PWB with crutches progressing to WBAT locked in extension
3. Use ice and elevation regularly to decrease swelling
4. ROM 3 times a day, increase daily up to 90°

PHASE 2: WEEKS 3-5

Goals:

1. Protect fixation and surrounding soft tissue
2. Control inflammation
3. Increase ROM to 0 to 90°, advance as tolerated
4. Improve scar mobility

Activity:

1. WBAT unlocked when able
2. Brace for ambulation, daily activities, sleeping
3. Quad sets, prone quad sets

4. Active assistive heel slides with towel (within ROM range)
5. Scar tissue mobilization
6. Gastroc/soleus, hamstring stretches
7. Straight leg raises

PHASE 3: WEEKS 6-12

Goals:

1. Progress towards full flexion ROM
2. Avoid over-stressing fixation site (i.e. watch for excessive dynamic valgus, lateral patellar tracking, etc)
3. Improve quad control to restore normal patellar tracking

Activity:

1. Continue above activities
2. WBAT with brace unlocked
 - May remove brace when sleeping
 - Discontinue brace at 6wks if meets criteria ("J" brace for strenuous exercise):
 - a. No extension lag with supine straight leg raise
 - b. Non-antalgic gait pattern
 - c. Full extension ROM
3. Stationary bike – begin with partial revolutions without resistance and progress
4. Total gym or partial wall squats (0-45°)
5. Double leg heel raises
6. Patellofemoral joint mobilization (no lateral glides)
7. Balance and proprioception training – double leg and progress to single
8. Seated active knee extension in pain free ranges
9. Core training

PHASE 4: MONTHS 3-4

Goals:

1. Progress strength
2. Progress dynamic stability
3. Good single limb stability
4. No lateral patellar tracking or signs of patella instability
5. Improve cardiovascular endurance
6. Normal gait mechanics

Activity:

1. "J" brace for strenuous activities
2. Step ups – start at 2 inches and progress towards 6-8 inches

3. Partial lunges in sagittal plane – start with involved leg in front from 0-45°
4. Emphasize functional gluteal control
May begin controlled lateral movement if sufficient gluteal strength and leg control
5. Stationary bike – advance resistance as tolerated
6. Swimming
7. May begin jogging progression program
8. Total gym, leg press, wall sit – monitor patellofemoral joint tracking (tape as indicated)
9. Partial squats with resisted terminal knee extension
10. Hamstring curls
11. Introduce low impact, agility, and plyometric tasks

PHASE 5: MONTHS 4-6

Goals:

1. Quad strength progression
2. Functional strength progression
3. Resume appropriate activity level

Activity:

1. Sport specific training
2. Begin with controlled activities
Avoid uneven surfaces, contact situations, fatigue
3. Plyometric and agility progression
Teach: soft landing following jumps, stay low while running, keep knees in line with feet at all times
4. Return to sports decided by physician, physical therapist and athletic trainer
Criteria for progression to sport:
 - a. Patient tolerates functional progression to sport program without difficulty
 - b. No effusion
 - c. Full ROM
 - d. Demonstrates confidence, strength, functional stability

Elisabeth C. Robinson, MD

Date