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# POST-OPERATIVE MPFL/TTO 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, hygiene
- 2. PWB (50%) with crutches with brace 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  $90^{\circ}$
- 4. Improve scar mobility

# Activity:

- 1. PWB locked in extension until 6 weeks
- 2. Straight leg raises
- 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

## PHASE 3: WEEKS 6-12

## <u>Goals:</u>

- 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 when ("J" brace for strenuous exercise):

- a. No extension lag with supine straight leg raise
- b. Non-antalgic gait pattern
- c. Full extension ROM
- 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 as needed
- 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, contract situations, fatigue
- 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

## Additional Instructions:

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Date