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**Physical Therapy Protocol: Medial Patellofemoral Ligament**  
**Reconstruction or Repair**

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist, a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

**Weeks 0-2**

- A well-padded post-operative dressing will be placed in the operating room. Keep this clean and dry until removed by PT/OT at your first appointment.
- Crutches will be provided and are to be used for the first six weeks. You will be as tolerated weight bearing with knee brace locked in extension for the first 6 weeks after surgery.
- A hinged knee brace will be placed in the operating room. This should be locked in extension when walking. Brace but will permit for 90 degrees flexion when unlocked. Brace can be removed for showering.
- Quad sets/ankle pumps/Straight leg raises in brace – 20 repetitions of each, 10 times a day, starting the day after surgery.
- Continuous passive motion (CPM) machine begins the day of surgery. Perform for 3 hours daily, beginning at 0-30 degrees of flexion. Increase flexion 30 degrees every 1 week.
- Brace is not required during CPM sessions.
- PT/OT ~ 3-5 days postoperatively
  - Removal of postoperative dressing
  - Reaffirming correct performance of SLRs, quad sets, ankle pumps, prone hangs, heel props, hamstring isometrics
  - Patellar mobilization
  - Edema control via compression, manual mobilization and cold therapy.
- Formal therapy to occur once per week, with patient performing routine on own daily.

**FIRST POST-OPERATIVE APPOINTMENT ~ 10-14 days after surgery**

- Motion/incision check, X-rays, suture removal.

**2-6 WEEKS POST-OP** - Scar mobilization techniques may be initiated by PT/OT.

- Weight bearing as tolerated with brace locked in extension
- Closed chain quadriceps progression
- Floor based core and glute activation
- Balance exercises, short arc hamstring curls and stationary bike

**6 WEEKS POST-OP – 2<sup>nd</sup> postop visit**

- **BRACE Discontinued IF patient can maintain full extension without extensor lag.**
- Full weight bearing
- Physical Therapy visits may increase to 2 or 3 formal visits weekly during this period.
  - Continue previous exercises
  - ADD:
    - Quad sets, partial wall sits, stationary bike
    - Bilateral closed chain strengthening, less than body weight
    - Supine unilateral leg press - high reps, continue open chain knee extension between 0-45 degrees of flexion
    - Pool program if available
  - AVOID SQUATS, WALL SLIDES, LUNGES, FULL ARC KNEE EXTENSIONS

**12 WEEKS POST-OP – 3rd postoperative visit**

- **Elliptical and in-line running with PT guidance**
- Core, pelvic and stability work.
- Advance unilateral and bilateral closed chain exercises
  - Concentric/eccentric control, biking, elliptical, treadmill walker, progress balance/proprioception, hamstring strength.

**16 WEEKS POST-OP**

- Backward and forward walking on treadmill, advance single leg strength if radiographic union, light plyometrics

**5-6 MONTHS POST-OP – 4<sup>th</sup> Postoperative visit**

- Advance strength training. Progressive running/agility. Tolerate longer walking distances. Sport specific exercises.

**9-12 MONTHS POST-OP**

- Functional progression tests to be based on patient progression. Must be performed pain free. Side to side testing to be performed at this time based on return to play goals and the demands of the patient. Strength must be >90% of the non-surgical side.
- It may take 12 months or more to return to full function for those with high demand employment, or athletic activities.

Further follow-up to be scheduled based on patient progress, and clearance needed to return to full activity.