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Orthopedic Surgery | Sports Medicine

KNEE

Medial Patellar Femoral Ligament (MPFL) Reconstruction

Surgery Date: _____

Progressions are time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. A review of the operative note and communication of any concerns with the referring physician is encouraged. Use of allowed visits should consider overall insurance limitations. When limitations are present, spread visits out over time to ensure that the patient can optimally complete rehab program with return to appropriate activities.

Phase I (Weeks 0 – 6): Immediate Postoperative / Period of Protection

Brace
- Locked in full extension for ambulation
- Unlock for supervised ROM exercises

Weight Bearing
- Weight bearing as tolerated in locked brace with crutches
- Wean crutches as quad control improves

Range of Motion
- Weeks 0–2: PROM 0–60°
- Weeks 2–4: PROM 0–90°
- Weeks 4–6: Progress to full PROM/AAROM as tolerated

Modalities
- Per therapist discretion

Rehabilitation Goals
- Protect healing graft
- Reduce pain and swelling
- Restore full knee extension
- Restore quadriceps activation

Therapeutic Exercise
- Quad sets, SLR, ankle pumps
- Patellar mobilization: medial, superior, and inferior glides only for the first 6 weeks. Do not perform lateral patellar mobilization during this period.
- Hip strengthening (SLR all planes, clam shells)
- Core stabilization

Precautions
- Lateral patellar mobilization may be added after 6 weeks when directed.
- No running, jumping, plyometric activity

Phase II (Weeks 6 – 12): Transitional Phase

Brace
- Discontinue brace

Weight Bearing
- Full weight bearing

Range of Motion

- Progress to full, symmetrical ROM

Therapeutic Exercise

- Progress quad and hip strengthening
- Begin closed chain exercises (leg press, step-ups, squats)
- Balance and proprioception training
- Stationary bike

Phase III (Weeks 12 – 16): Intermediate Phase

Rehabilitation Goals

- Initiate running program (when criteria met)
- Progress strengthening

Therapeutic Exercise

- Progress resistance training
- Lateral step-down progression
- Begin linear jogging program (when cleared)
- Single leg balance and proprioception

Phase IV (Weeks 16 – 24): Return to Activity

Rehabilitation Goals

- Return to sport-specific activities
- Return to full sport participation (4–6 months)

Criteria for Return to Sport

- Full, pain-free ROM
- No effusion
- Isokinetic strength ≥ 90% of contralateral limb
- Functional hop testing LSI ≥ 90%
- Physician clearance