

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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KNEE MPFL RECONSTRUCTION (WITH OR WITHOUT CARTILAGE PROCEDURE) PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: MPFL Reconstruction with or without Cartilage Procedure _____

Postop	Goals	Precautions	Exercises
Weeks 0-6 HEP daily	ROM 0-100° Edema and pain control Promote healing Limit quadriceps inhibition SLR without lag Promote independence	WBAT with brace locked at 0° Brace at 0° for ambulation & sleep Avoid lateralization of patella Avoid A/AAROM knee extension with significant quad atrophy Avoid symptom provocation	A/AAROM flexion PROM extension Quad sets/re-education Patella mobilization (avoid lateral) Hip/Core training Hamstring and gastrocnemius flexibility CPM (4-8 hrs/day): start 0-40° for first 3 wks, then advance as tolerated
Weeks 7-10 HEP daily	ROM 0-120° Minimize effusion & pain Promote independence Normalize gait Good patella mobility Good quad contraction	ROM 0-110° (8 wks), 120° (10 wks), then full ROM Brace open 0-60° for ambulation, DC brace when adequate quad Avoid lateralization of patella No running If cartilage procedure: quad strengthening progression in pain-free arc of motion; NO open chain or closed chain leg press/squatting	Sitting PROM to AAROM KE in pain-free arc to AAROM KF Gait training Quad strengthening – Estim, biofeedback, submaximal multi angle isometrics, bilateral leg press, initiate forward step up progression Short crank → standard (ROM>115°), 80 RPMs Advance proximal strengthening & core training
Weeks 11-18 HEP daily	Full ROM Normal gait Step-up/down 8" with control Core stability Address imbalances Eccentric quad and pelvic control Emphasis on quality of movement	Avoid symptom provocation Avoid "too much too soon" progression If cartilage procedure: NO open chain terminal extension with resistance or running/plyometrics until cleared by MD	Progress closed chain quad strengthening – FSU progression, eccentric leg press, FSD progression, squat progression ROM AAROM KE, AAROM KF in sitting, supine wall slides, stair stretch Advance proximal strength through functional activities Balance progression with postural alignment and NM control Address muscle imbalances Late phase: Initiate running program and plyometric program (vertical jump) when good eccentric quad control
Weeks 19-24 HEP daily	Symptom free running Strength and flexibility to meet sporting demands Hop Test >85% contralateral	Avoid painful activities No sport until MD clearance If cartilage procedure: NO open chain terminal extension with resistance or running/plyometrics until cleared by MD	Advance core and LE strengthening, flexibility, stability, agility Cross training Advance plyometrics when good eccentric quad control
Weeks 24+ HEP daily	No pain/apprehension with sport specific movements Hop Test >85% contralateral Strength, flexibility, fitness to meet demands of sport	Avoid painful activities No sport until MD clearance – if cartilage procedure, typical return to sport suggested at 12 months	Advance flexibility/agility/plyometrics Broad jump to hop to opposite to single leg hop Sport-specific training

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ M.D.