

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

KNEE TIBIAL TUBERCLE OSTEOTOMY AND MPFL RECONSTRUCTION PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: TTO and MPFL Reconstruction with or without Cartilage Procedure / Lateral Retinaculum Lengthening

Postop	Goals	Precautions	Exercises
Weeks 0-6 HEP daily	ROM 0-100° Promote healing Edema and pain control Limit quadriceps inhibition SLR without lag Promote independence	TDWB x 4 weeks, brace locked at 0° After 4 weeks, advance 20 lbs WB every other day until full WB Brace at 0° for ambulation & sleep Avoid lateralization of patella (ie, lateral patella glides) Avoid symptom provocation	A/AAROM flexion PROM extension Quad set/re-education Patella mobilization (avoid lateral) Hip/Core training Hamstring/gastrocnemius flexibility CPM (4-8 hrs/day): start 0-40° for first 3 wks, then advance as tolerated
Weeks 7-12 HEP daily	ROM 0-130° Minimize effusion & pain Improve quad control Promote independence Normalize gait Good patella mobility	WBAT ROM 0-110° (8 wks), 120° (10 wks), then full ROM Open → 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	Gait training Quad strengthening – Estim, biofeedback, submaximal multi angle isometrics, bilateral leg press (eccentric in latter phase) Short crank → standard (ROM>115°), 80 RPMs Hip/Core training Forward step-up program Advance balance and proprioceptive training
Weeks 13-24 HEP daily	Full ROM Normal gait No pain Good single limb dynamic balance Good eccentric quad control Pelvic control during step down Emphasize quality of movement	Avoid painful activities Avoid “too much too soon” progression Avoid overloading the joint No running If cartilage procedure: NO open chain terminal extension with resistance	Progress ROM, quad (closed chain) and proximal strengthening Progress forward step up and step down Improve endurance Gait training to emphasize heel-toe gait with emphasis on loading response Balance progression with postural alignment and NM control Address muscle imbalances
Weeks 24+ HEP daily	No pain/apprehension with sport-specific movements Hop Test >85% contralateral Strength, flexibility, fitness to meet demands of sport Good single limb dynamic balance	Avoid painful activities No sport until MD clearance – if cartilage procedure, typical return to sport suggested at 12 months	Advance LE strengthening, flexibility, dynamic single limb stability, agility Address muscle imbalances Advance core stability Initiate running and plyometric program (vertical, then horizontal jump) Sport-specific training

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

Physician's Signature: _____ **M.D.**