

MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION PROTOCOL

Phase I (0 - 3 weeks)

- WBAT with immobilizer and crutches
- PROM/AAROM as tolerated (goal 90-100 degrees)
- Strengthening
 - Quad sets
 - SLR's x 4 plane
 - AROM ankle (ankle pumps, circles etc)
 - Ankle theraband strengthening
- Stretching
 - Calf and hamstring stretches

Phase II (3 - 6 weeks)

- Continue WBAT with immobilizer and crutches. Patella stabilizer brace issued at 6 week post-op physician visit.
 - Wean off crutches when client can walk without limp wearing patella stabilizer brace and without increase in pain or swelling.
- Gradual restoration of PROM/AAROM to full by week 6. Stationary cycle allowed when 110° flex (high seat/low resistance).
- Continue above strengthening while patient wearing patellar stabilizer brace
 - Hamstring curls
 - Lateral tubewalking for gluteus medius strengthening
 - SAQ/LAQ- Progress open-chain quad strengthening
 - Shuttle leg press, step up/down/retro, mini-squats
 - Bridging for gluteus maximus strengthening
 - Calf Raises
- Continue above stretching
 - Begin ITB stretches
 - Begin gentle patellar mobilization (manually). Careful with any lateral patella mobilizations



Home to the Texas Rangers

Phase III (6 - 12 weeks)

- Continue above stretching
Begin light quadriceps and hip flexor stretches
- Aggressive use of open and closed-kinetic chained exercises to regain quadriceps strength and improve lumbo-pelvic-hip complex motor control as long as there is no increase in pain and swelling. All exercises wearing patellar stabilizer brace.
- Proprioception exercises
Progress single limb balance/proprioception exercises in patella stabilizer brace.
Begin controlled lateral movements (lateral steps, lateral cones etc)

Phase IV (12 - 16 weeks)

- Progress ROM, stretching, strengthening and proprioceptive exercises
- Progress controlled lateral movements (lateral steps/ lateral cones/slideboard/lunges)
- Advance cardiovascular activities (stationary cycling, elliptical, stepper, walking)
- Begin return to run program. Isokinetic profile of quadriceps and hamstrings should be $>75\%$ at $180^\circ/300^\circ/s$ compared to contralateral side prior to initiating return to run.
- Gradual return to previous sport/activity level pending physician approval and functional testing with knowledge of patellofemoral precautions