



Physical Therapy Protocol – MPFL Reconstruction

Diagnosis: R / L MPFL Reconstruction with allograft

Date of Procedure: _____

Frequency: 2-3 Times Per Week for ____ weeks

Weeks 0-2: *period of protection, healing, decreasing edema, quadriceps activation*

- **Weightbearing:** heel-touch in brace locked in extension at all times with crutches
- **Hinged Knee Brace:** locked in full extension for ambulation and sleep, remove for PT
- **Range of Motion:** initial ROM 0-30, gradually advance with PROM and AAROM
- **Therapeutic Exercises:** calf pumps, quad sets, heel slides 0-90 degrees, SLR in brace locked in full extension until quad strength prevents extension lag
- **Modalities:** per therapist including E-stem, ultrasound, heat before therapy and ice after

Weeks 2-6:

- **Weightbearing:** heel-touch in brace
- **Hinged Knee Brace:** unlocked 0-90 degrees, off at night; discontinue at 6 weeks if quad control adequate
- **Range of Motion:** progress to full AROM, goal of 90 degrees by week 6
- **Therapeutic Exercises:** gently patellar mobilizations, quad/hamstring sets, heel slides, prone hangs, straight leg raises; **no weight bearing exercises with knee flexion angles > 90 degrees**
- **Modalities:** per therapist including E-stem, ultrasound, heat before therapy and ice after

Weeks 6-12:

- **Weightbearing:** full
- **Hinged Knee Brace:** discontinue, **can consider patella stabilizing knee sleeve**
- **Range of Motion:** full, painless
- **Therapeutic Exercises:** advance from above, begin closed chain exercises (Wall sits, lunges, mini-squats, toe raises) and proprioception activities, begin stationary bike
- **Modalities:** per therapist including E-stem, ultrasound, heat before therapy and ice after

Weeks 12-16:

- Advance closed chain strengthening; advance plyometrics; advance proprioception training; begin elliptical and/or treadmill jogging

Weeks 4-6: gradual return to athletic activity and sports participation, maintenance program