

Medial Patellofemoral Ligament Reconstruction / Repair Rehabilitation Program - Fowler

The Gundersen Health System Sports Medicine PatelloFemoral Ligament Reconstruction / Repair Rehabilitation Program is an evidence-based and soft tissue healing dependent program which allows patients to progress to vocational and sport-related activities as quickly and safely as possible. Individual variations will occur depending on surgical details and patient response to treatment. Avoid ROM with chondrosis or pain when performing OKC knee extension strengthening exercises. If a **lateral release** is also performed, emphasis of patellar mobs should be on medial glides, inferior-medial glides, and medial tilts. Please contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Phase I: 0-4 weeks	Phase II: 4-6 weeks	Phase III: 6-12 weeks+
ROM: wk 0-1: 0 wk 1-3: 0-90 wk 3-4: 0-100	ROM: wk 4-5: 0-110 wk 5-6: 0-120 D/C brace	ROM: wk 6-8: Full
WB: Brace locked for ambulation. 2-4 wks unlock brace for WB depending on quad control wk 0-1: TTWB wk 1-2: 25% wk 2-3: 50% wk 3-4: 75%	WB: wk 4-6: 100% with crutches D/C crutches depending on quadriceps control	WB: Full with no limitations
Modalities: Cryotherapy 4x/day IFC for pain/effusion NMES quadriceps	Modalities: Cryotherapy IFC for pain/effusion NMES quadriceps	Modalities: Cryotherapy NMES quadriceps
RX: Recommendations: Sapega-McClure technique: 1. Active warm-up: Bike per ROM 2. Heat in stretch: Prone hang 1 st TERT TERT= Total End Range Time 3. Mobilizations / ROM: PF mobs– avoid lateral glides Scar tissue massage 4. Therapeutic exercises: Flexibility exercises: Hams, Gastroc-soleus, Hip Biofeedback QS w/ adductor squeeze, SLR M<l quad/hamstrings per ROM Short arc quadriceps per ROM if no chondrosis Hamstring isotonic per ROM Hip 4 way SLR Gastroc strengthening per WB CKC leg press starting at 2 weeks per ROM and WB Balance/proprioception exercises per WB CV conditioning, Core stability, Upper body exercises 5. Ice in stretch: 2 nd TERT 6. HEP for 3 rd TERT <p style="text-align: right;">Updated 11/03</p>	RX: Recommendations: Sapega-McClure technique: 1. Active warm-up: Bike per ROM 5 wks add resistance to bike, Elliptical 2. Heat in stretch: 2 nd TERT 3. Mobilizations / ROM: PF mobs– avoid lateral glides Scar tissue massage 4. Therapeutic exercises: Flexibility exercises: Hams, Gastroc-soleus, Hip, Quads Biofeedback QS w/ adductor squeeze, SLR, CKC knee ext, minisquats, wall slide Short arc quads/hams in ROM without chondrosis Total leg strengthening Hamstring isotonic 6 wks sub-max OKC quads 0-45 w/ gradually increasing resistance Hip 4 way SLR Heel raises CKC exercises- leg press, step-ups, partial lunges, squats 0-90 Balance/proprioception CV conditioning, Core stability, Upper body exercises 5. Ice in stretch: 2 nd TERT 6. HEP for 3 rd TERT	RX: Recommendations: Sapega-McClure technique as needed (see previous) Bike, Elliptical Runner, Stairmaster Flexibility exercises Biofeedback Total Leg Strengthening Hip strengthening Heel raises Hamstrings isotonic 6 wks quad isotonic 0-45 8 wks quad isotonic 0-90 Isokinetic quad/hams in ROM without chondrosis CKC exercises- leg press, step-ups, lunges, squats Balance/proprioception CV conditioning, Core stability 12 weeks Add impact activities if 75% strength <hr/> Testing: 12 wks Linea 16 wks Linea, Biodex 18-24 wks Linea, Biodex, FXN tests <hr/> Return to Work/Sport No pain or effusion Full ROM Isokinetic Strength- 90% Functional Tests – 90% MD approval Return to sports 4-6 months

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