

## Physical Therapy Prescription – MPFL Reconstruction

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Procedure: R / L MPFL reconstruction with allograft

Date of Surgery: \_\_\_\_\_

Frequency: 2-3 times per week for \_\_\_\_\_ weeks

### PHASE I (Weeks 0 – 2): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Toe-touch weight-bearing with crutches
- **Hinged Knee Brace:** Locked in full extension for ambulation and sleeping
- **Range of Motion:** initiate ROM 0-30°, gradually advance with PROM and AAROM
- **Therapeutic Exercises:** Gentle patellar mobs, quad/hamstring sets, heel slides, prone hangs, straight-leg raises with brace in full extension until quad strength prevents extension lag
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase II (Weeks 2 – 6)

- **Weightbearing:** As tolerated, wean from crutches
- **Hinged Knee Brace:** Unlocked
- **Range of Motion:** Progress to full AROM, with goal of 90° by week 6
- **Therapeutic Exercises:** Gentle patellar mobs, quad/hamstring sets, heel slides, prone hangs, straight-leg raises; **no weight-bearing exercises with knee flexion angles >90°**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase III (Weeks 6 – 12)

- **Weightbearing:** Full
- **Hinged Knee Brace:** discontinue; **consider using of patella stabilizing knee sleeve**
- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance closed chain strengthening exercises and proprioception activities; begin wall sits and lunges; begin stationary bicycle
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase IV (Weeks 12 – 16):

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

### Phase V (Months 4 – 6): Gradual return to athletic activity

- Gradual return to sports participation
- Encourage maintenance program
- Consider functional sports assessment

Signature: \_\_\_\_\_

Date: \_\_\_\_\_