Dr. Ernat's Isolated Medial Patellofemoral Ligament Reconstruction Post-Operative Protocol

May attend up to 1-3 times weekly for 12-16 weeks.

Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.

PHYSICAL THERAPY (PT): Schedule for 3-4 days after surgery and try to go at least 1-2 times before you return for you post-op visit in clinic.

RESTRICTIONS: No full WB initially. ROM 0∞ -45 ∞ 1-3 wks, flexion to 90∞ until wk 5. First week should only be PWB w crutches and brace.

WB / CRUTCHES: PWB with both crutches post-op with brace on locked in full extension until seen in office for first post-op visit.

BRACE: Wear for first 2-3 wks. Then wean wks 3-5 and brace can be used for ambulation otherwise not mandatory. May transition to a patellar stabilizing sport brace thereafter.

RANGE OF MOTION: Flexion $0 \infty - 45 \infty$ wks 1-3, goal of $0 \infty - 90 \infty$ by 5 wks. Begin full knee ROM around 6 wks, not concerned about knee stiffness initially. Start gentle patellar mobilization

STRENGTHENING: Begin quad sets and SLR post-op day 2-3. Light resistance to progress wks 5-6.

MODALITIES: Per PT or ATC's discretion. Ice use 3-5 x/day first 10-14 days then 2-3 x/day wks 1-4 as needed.

RETURN TO ACTIVITY: subject to change, based on individual progress.

Recumbent bike: 5 weeks

Elliptical: 10 weeks
Planks: 10 weeks
Swimming: 8-10 weeks

Road bike outside: 10-12 weeks

Light jogging: 3 months Running: 3-4 months Golf (chip/putt): 3 months Golf (full swing): 4 months

Skiing: 4 months
Tennis: 4 months
Soccer: 4 months
Basketball: 4 months
Contact sports: 4 months

PHASE I – PROTECTION/RANGE OF MOTION (POST-OP WKS: 0-5)

(POST-OP WKS: 0-3)

- Protect graft, control pain and inflammation.

- Ice 20-30 min., 3-5 x/daily for first 10-14 days then 2-3 x/daily for first 4 wks as needed.
- Range of motion: Flexion 0∞ 45∞, maintains full extension.
- Partial weight-bearing day 0 until after first post-op clinic visit.
- Wks 2-3: Weight-bearing as tolerated (WBAT) with crutches in brace.
- Quad sets, SLR in immobilizer, 4-way hip exercises, calf raises.

(POST-OP WKS: 3-5)

- 1) Wean brace.
- 2) Protect graft, full extension, progress flexion, control swelling.
- 3) ROM $0\infty 90\infty$
- 4) Continue with WBAT in brace until good guad control for WB out of brace.
- 5) Work toward normal gait around 5-6 weeks.
- 6) Continue with guad sets, 4-way hip, and calf raises.
- 7) Total Gym level 1-2 OK.

PHASE II – RANGE OF MOTION/LIGHT RESISTANCE (POST-OP WKS: 5-6)

- · Full ROM 0∞ WNL as tolerated, gradual progression.
- · Stationary bike beginning with no resistance then progress as tolerated.
- · Begin closed chain double leg strengthening exercises as tolerated.

PHASE III – STRENGTHENING (POST-OP WKS: 6–12)

- · Continue with full active and passive range of motion.
- · Continue with closed chain double leg strengthening as tolerated.
- · General quad strengthening, balance and proprioception exercises.
- · Around 10 wks s/p, road bike outside allowed starting on flat ground.

PHASE IV – FUNCTIONAL PROGRESSION (POST-OP WKS: 12–16)

- · Strengthen neuromuscular control in functional activities.
- · Patient education for return to play.
- · May progress to closed chain single leg strengthening as tolerated.
- · May begin light functional exercises as tolerated.
- · Progress flexibility and strengthening programs.
- · Running progression as tolerated.

PHASE V - RETURN TO ACTIVITY/SPORT (POST-OP WKS: 16+)

• If pain free, good strength and functional ROM have been achieved may return to full activity as tolerated.

KEY FOR PATIENTS:

POST-OP = after your surgery

WB = weight-bearing

ROM = range of motion

PROM = passive range of motion, someone else moves you

AAROM = active assisted range of motion

AROM = active range of motion, you move yourself

RROM = resisted range of motion, motion against resistance, strengthening

SLR = straight leg raise

WNL = within normal limits