

MPFL Reconstruction Protocol

Immediately post-op (O/P physio arranged for 1/52)

- Cricket splint applied in theatre
- Pain relief (Ice) and swelling management (Elevation and Compression)
- Gentle passive knee flexion and extension
- TAQ's, SLR.
- Patella mobilisation (superior/inferior, medial/lateral).
- Gentle hamstring, calf, TFL + glutes stretches.
- PWB for 2/52 then WBAT in cricket splint (brace locked at 0°).
- Proprioception and heel raises as able in brace.
- Check for evidence of distal neurovascular deficit (including DVT) and infection.

Goals: >30° knee flexion by 2/52 post op, >90° by 6/52

6 – 12 weeks

- Wean off cricket splint.
- Small arc CKC ex's (e.g. small knee bends, step ups, SLS with knee flexed)
- Encourage correct alignment of CKC ex's (**avoid valgus/external rotation**)
- Static bike, no resistance

Goals: FROM by 12/52 post op.

12 weeks +

- Avoid CKC ex's > 90° knee flexion
- Add resistance to static bike
- Progress proprioception to balance/wobble board
- Eccentric single leg CKC ex's **ONLY** if sufficient lower limb control
- Add quads stretches if required
- Start running if no swelling, FROM and sufficient quads, as comfort allows

16 weeks +

- Add hopping control ex's and multi-plane agility activities
- Return to training for specific sports.

6 months +

- Earliest return to contact sport.

References

Fisher, B. et al (2010) Medial patellofemoral ligament reconstruction for recurrent patellar dislocation: a systematic review including rehabilitation and return-to-sports efficacy, Arthroscopy. Vol; 26 (10), pp 1384-1394.

Fithian, D. et al (2010) Rehabilitation of the knee after medial patellofemoral ligament reconstruction, Clinical Sports Medicine. Vol 29; pp 283-290.

Ronga. M et al (2009) Isolated medial patellofemoral ligament reconstruction for recurrent patellar dislocation, American Journal of Sports Medicine. Vol 37, pp 1735-1742.

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