



## MPFL REHABILITATION GUIDELINES

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The medial patellofemoral ligament (MPFL) is the primary medial patellar stabilizer. The rehabilitation will vary some from patient to patient. Some patients will have patellar realignment such as a proximal tibial osteotomy or cartilage restoration procedure done at the same time. This will alter the framework for some patients. This is an outline of the standard protocol used for MPFL reconstructions and patellar realignment procedures. Goal of return to pivoting sports by week 20-24. Functional testing such as hop and key test under Sr. Tingstad's protocols.

PHASE 1: Immediate Post-Op (Surgery – 3 weeks)		
<b>Goals</b>	<input type="checkbox"/> Control swelling and ice, compression, and elevation <input type="checkbox"/> Full extension range of motion <input type="checkbox"/> Gain full extension <input type="checkbox"/> Good quadriceps activation	
<b>Crutches</b>	<input type="checkbox"/> Weight bearing as tolerated with a brace from 0-45 degrees and crutches <input type="checkbox"/> Can sleep out of the brace after one week	
<b>Precautions</b>	<input type="checkbox"/> Avoid open chain straight leg raise for the first three weeks	
<b>Cryotherapy</b>	<input type="checkbox"/> Cold with compression and elevation <input type="checkbox"/> First 24 hours: ice every hour for 25 minutes <input type="checkbox"/> After 24 hours: ice 3 times daily for at least 15 minutes	
<b>Exercises</b>	ROM	<input type="checkbox"/> Prone hangs
	MUSCLE ACTIVATION	<input type="checkbox"/> Isometric Quadriceps firing <input type="checkbox"/> Ankle Pumps



<b>PHASE 2: Motion and Quadriceps Control (weeks 3-6)</b>		
<b>Goals</b>	<input type="checkbox"/> Control swelling and ice, compression, and elevation <input type="checkbox"/> Flexion to 120 degrees	
<b>Crutches</b>	<input type="checkbox"/> Wean off crutches once able to navigate ten stairs without limping <input type="checkbox"/> Discontinue brace when able to do ten straight leg raises with no lag	
<b>Precautions</b>	<input type="checkbox"/> Avoid jogging or jumping	
<b>Exercises</b>	ROM	<input type="checkbox"/> Sitting heel slides – goal is 120 degrees at 6 weeks
	MUSCLE ACTIVATION	<input type="checkbox"/> Standing toe raises <input type="checkbox"/> Hamstring curls <input type="checkbox"/> Hip abduction program <input type="checkbox"/> Floor based gluteal work <input type="checkbox"/> Stationary bike

<b>PHASE 3: Full Motion and Normal Gait Pattern (weeks 6 – 12)</b>		
<b>Goals</b>	<input type="checkbox"/> Full range of motion <input type="checkbox"/> Normal gait pattern	
<b>Precautions</b>	<input type="checkbox"/> Avoid jogging or jumping until 11-12 weeks	
<b>Exercises</b>	ROM	<input type="checkbox"/> Full prone motion in flexion and extension by week 7-9
	MUSCLE ACTIVATION	<input type="checkbox"/> Elliptical trainer and brisk treadmill walking <input type="checkbox"/> Swimming (Avoid whip kick until week 10) <input type="checkbox"/> Straight leg lifts with up to five pound ankle weights



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<b>PHASE 4: Sport Specific Training (weeks 12 – 20)</b>		
<b>Goals</b>	<input type="checkbox"/> Jumping <input type="checkbox"/> Increased cardiovascular conditioning	
<b>Exercises</b>	STRENGTHENING	<input type="checkbox"/> Strength training on every other day schedule <input type="checkbox"/> No restrictions in the weight room <input type="checkbox"/> Step-ups <input type="checkbox"/> Running and sprinting on flat surfaces once able to jog well without pain for two weeks <input type="checkbox"/> Jumping and plyometric training (hop and key testing)

<b>PHASE 5: Return to Sport (weeks 20+)</b>	
<b>Goals</b>	<input type="checkbox"/> SANE – single alpha numeric expression score of 90-100 <input type="checkbox"/> Able to pass hop and key test evaluation at 95% <input type="checkbox"/> Clearance by physician