MPFL Reconstruction		Post-op protocol for Mathew Taylor, M.D. Sinland Orthopaedic Surgery & Sports Medicine Clinic
Brace Use*		 Immediate WBAT locked straight (NWB full motion) Remove for sleeping after 1st post-op appointment WB progressive unlocking of brace: start as quad control improves (push by week 2) Discontinue brace: goal by 4 weeks * May change with another simultaneous PF alignment procedure, cartilage restoration procedure, meniscus or ligament procedure
Phase I: Wee	ek 1-2	 WBAT locked straight; crutches for safety After 1st post-op appt OK to remove brace during sleep NWB flexion & extension: full AROM and PROM Start patellar mobs (superior, inferior, medial & lateral) Emphasize calf, quad & hamstring sets; SLR's in brace Modalities per therapist Home NMES unit if available
Phase II: Wee	ek 3-5	 Progressive WB (goal to discontinue crutches) Start progressive unlocking of brace with WB: as quad control improves (start 0-30 and progress minimum 30/week) Goal: full active & passive motion (ok for terminal stretch) Emphasize core strengthening Stationary bike as motion allows; SLR out of brace Goal: d/c brace when confident with brace open 0-90 (goal by 4 weeks)
Phase III: Wee Strengthening	ek 6-12	 Progressive strengthening Continue per therapist: CKC, OKC as pain allows / per patient and therapist, balance & proprioception Elliptical: 10 weeks Running program / pool / road bike: 12 weeks
Return to 4+ m Sport: Specific Instructions:	nonths	 Agility drills and progression to HEP / Aftercare Progress running program per therapist Return to sport goal 5-6 months: depends on functional progression & sport specifics