

Physical Therapy Prescription – MPFL Reconstruction and Tibial Tubercle Osteotomy

Name: _____

Date of Surgery: _____

Procedure: R / L MPFL reconstruction and TTO

Frequency: 2-3 times per week for 6 weeks

PHASE 0: Pre- operative goals (i.e. Pre-hab)

- **Normal Gait**
- **Strength:** 20 SLR with no lag.
- **Minimal Effusion**
- **Patient Education on Post op exercises with a stress on compliance and importance**
- **Education on ambulation with crutches and safe stair use**
- **Wound care instructions**
 - Keep tegederm clean and dry, no showering until 48hrs post-op then remove ACE, No submerging (bath, hot-tub, lake, river, ocean) for 6 weeks post op. Formal instructions will be listed in operative note and packet.
- **Educated in follow-up (also provided in packet) :** 10-14 days post op, 6 weeks, 3 months, 6 months, 9 months, 1 year, 2 years, 5 years.

PHASE I (Weeks 0 – 6):

 Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Toe-touch/Heel-touch weight-bearing with crutches
- **Hinged Knee Brace:** Locked in full extension for ambulation and sleeping(remove for PT)
 - **Weeks 2-6:** Unlock at 0-90° for all activities, remove when 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 6 - 12)

- **Weightbearing:** Advance 25% weekly until full WB with normalized gait pattern
- **Hinged Knee Brace:** Wean between 6-8 weeks; discontinue completely once good quad control
- **Range of Motion:** Progress to full AROM, with goal of 90° by week 6, then advance as tolerated
- **Therapeutic Exercises:** ****No weight-bearing exercises with knee flexion angles >90°****
 - Advance closed chain strengthening exercises and proprioception activities; begin wall sits and lunges; begin stationary bicycle(Weeks 6-12)
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 - 16)

- **Weightbearing:** Full
- **Hinged Knee Brace:** discontinue; **consider using of patella stabilizing knee sleeve**
- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance closed chain strengthening; advance plyometrics; advance proprioception training; begin elliptical and/or treadmill jogging
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- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 16 – 24)

- Advance Phase III exercises; focus on core/glutes; progress flexibility and strengthening; maximize single leg dynamic and static balance and strength; initiate light plyometrics; improve treadmill walking

Phase V (>6 months): Gradual return to athletic activity

- Advance Phase IV exercises; focus on single leg dynamic and static balance
- Return to sport-specific activity and impact when cleared by MD at 6 months postop

Signature: _____

Date: _____