



Medial Patellofemoral Ligament Reconstruction with Tibial Tubercle Osteotomy Dr. Murphy

General Considerations:

- NWB May Change per MD discretion
- No Return to Running/Jumping until cleared by MD
- Avoid open chain exercises between 40-70 degrees of flexion

Time Frame	Considerations	Treatment	Goals
NWB Phase I (6-12 weeks)	 Edema Control Pain Control NWB until cleared by MD. Brace Locked in Extension when up 	 RICE Quad Sets Add in hip abduction, hip adduction and hip extension when 2-3 weeks postop CPM 0-30 degrees. Increase by 10 degrees/week as tolerated. 	Pain free at rest
*Begins with MD clearance to progress weightbearing *The length of this phase will depend on radiographic healing	 Progress WB per MD orders with brace locked in full extension Progress ROM as tolerated while NWB 	 Add in supine SLR Closed chain quad strengthening Functional strength training Progress PROM as tolerated Bike for ROM within restrictions, without resistance Proprioception as tolerated 	 Pain free at rest No Lag with SLR
WB Phase II *Begins with MD Clearance to WBAT with brace open. *Length of phase depends on radiographic healing	 WBAT with brace on Progress WBAT with brace off per MD orders ROM to WFL Ambulating with a non-antalgic Gait 	 Progress to gym style exercise program with machines as indicated Progressive strengthening and SL activities to regain muscular hypertrophy No Jumping or Running Activities 	 Full ROM Pain free ambulation Pain free with exercises

 *Begins with MD clearance to return to activity as tolerated Full ROM Progress to Impact Activity 	 Low level plyometrics (Initiate a return to jumping program) Progress to functional/sport specific exercise 	 Full return to activity without restrictions per MD discretion Athlete needs to progress through all return to jumping and running progressions before full return to contact.
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