UL Health Sports Medicine
Official Health Care Provider of the Louisville Cardinals

Jarod A. Richards, MD
Orthopaedic Surgeon
Sports Medicine, Arthroscopy, Joint Preservation
jarodrichardsMD.com
502.955.3312 (p)

Department of Orthopaedic Surgery
University of Louisville

Procedure: Medial Patellofemoral Ligament (MPFL) Reconstruction

Description of Procedure: The medial patellofemoral ligament (MPFL) is reconstructed by securing an autograft (cadaver semitendinosus hamstring) from the patella to the anatomic femoral attachment site (between the medial epicondyle and adductor tubercle). This anatomic positioning allows the attachment sites to become closer during flexion (loosening of the graft), which allows early full range of motion.

PT Frequency: 3-4x wkly 0-3 mo, physician/therapist discretion afterwards. Home exercises daily.

Note: Surgery on the medial aspect of the knee, at times, has a higher incidence of scarring. Therefore, aggressive early full flexion is important along with quadriceps re-education.

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase I: 0-4 wks	Weight bearing as tolerated with use of two crutches. Once a straight leg raise can be performed without extension lag, progress to one crutch as tolerated and then full weight bearing with normalized gait pattern; no limping.	Brace is worn when ambulating until independent straight leg raise can be performed without extension lag Dressing: PT may perform dressing change as needed. Leave steri-strips in place. Ok to shower with or without dressing. No tub bathing/ soaking until wound fully healed.	Goal: To achieve active range of motion as soon as tolerated	**0 to 2 wks:** Prone hangs, heel props, heel slides, quad sets, SLR, hamstring isometrics - complete exercises in brace if quad control is inadequate; core proximal program; normalize gait; FES biofeedback as needed ** Incorporate use of stationary bike (high seat, low resistance) and patellar mobilization exercises after surgical dressing is removed **2 to 4 wks:** Continue heel props and prone hangs; begin wall slides-mini dips; heel raises; leg press (90° to 40° arc, starting with eccentric and light weights); stepups (3" to 6"); isometrics; core muscle development program.

Continued on Back

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase II: 4-12 wks	Full, with a normalized gait pattern	None	Full active ROM	Begin walk to jog program (straight ahead or on track); increase endurance and strength; continue core exercise program; closed kinetic chain program.
Phase III: 12 wks onward	Full	None	Full	**Progression A:** Straight line running/ exercise; decreased swelling with activity; full ROM maintained. **Progression B:** Easy cutting activities; advance strengthening; sport/activity specific agility drills; begin functional exercise activities; quadriceps isotonics, progress endurance activities. **Progression C:** Begin sport/activity specific functional progression. Return to full participation in sport once strength is 95% strength on single leg hop test or high velocity isometric test is accomplished AND functional progression back to sport have been accomplished without pain or increased swelling; provide home exercise program and instruction on functional training.

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 9 mo, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.