

Bonnie P. Gregory, MD
MPFL Reconstruction Rehabilitation
Rehabilitation Protocol

	Weight Bearing	Brace	ROM	Exercises/Strength
<i>0-6 Weeks</i>	As tolerated w/ assistive device	Locked in extension Once quad control is demonstrated brace may be unlocked	CPM 2-3 hours per day Full as tolerated ROM 80-90° may begin stationary crank bike 115° may begin stationary bike 125° may begin wall slides	Patellar mobs (avoiding lateral mobs) Weight shifting SLR Heel slides Isometric quad exercises NMES Light Closed chain strengthening started around end of this phase
<i>7-10 Weeks</i>	Normalization of gait pattern with use of assistive device	D/C PO brace	D/C CPM at 6 weeks Full ROM	Double leg dynamic balance exercises Single leg static balance exercises Continue quad strengthening and incorporate hip and core strength
<i>11-18 Weeks</i> <i>Longest phase of rehab focusing on normalizing strength and proprioception to match contralateral side.</i>	Full			Progress NM and proprioceptive training Progress strength training including squats double and single leg (be cautious to cartilage procedure precautions) Beginning of running program and light plyometric work
<i>19-24</i>	Full		Full	Cross training and continuation of running program Plyometric work progressing to more functional type activities
<i>6-9 months</i>				Symptom free running Confidence with jumping and landing (double and single leg) Pain free activities

				Ability to confidently perform cutting and lateral movements and decelerate and change directions Functional Sport Test with good results
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- ❖ RTS clearance by M.D. only after a functional sport test is performed and all deficiencies are addressed

For any questions or concerns regarding the protocol or rehabilitation process please contact:

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