

Medial Patellofemoral Ligament Reconstruction + Tibial Tubercle Osteotomy

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 6	<ul style="list-style-type: none"> • Manage swelling and pain • Achieve quadriceps / hamstring / glute activation • Symmetric extension by week 2 • Moderate knee irritability (wk 0-2) <ul style="list-style-type: none"> ○ Swelling is improving ○ < 5 / 10 pain • Low knee irritability (wks 2 - 6) <ul style="list-style-type: none"> ○ Minimal swelling with activities ○ < 2 / 10 pain 	<ul style="list-style-type: none"> • Toe Touch Weight Bearing (Heel to flat) <ul style="list-style-type: none"> ○ Weeks 0 - 6 TWB ○ Locked in extension while WB ○ Ambulate with crutches and brace • ROM restrictions: <ul style="list-style-type: none"> ○ 0 - 90° knee flex AAROM to AROM ○ PASSIVE knee extension only 	<ul style="list-style-type: none"> • PRICE • Quadriceps/hamstring, glute activation should be emphasized • Ankle: range of motion and strength • Cryotherapy/Modalities as indicated • Initial visit: FOTO, LEFS, PRO • OKC strengthening: <ul style="list-style-type: none"> ○ Hip: all planes of motion ○ Ankle: all planes of motion • Week 6: FOTO, LEFS, PRO
Weeks 6 – 8	<ul style="list-style-type: none"> • Discontinue knee immobilizer with adequate quadriceps control • Full AROM by 8 weeks • Restore strength of quadriceps, hamstrings, hips • Normalize gait 	<ul style="list-style-type: none"> • Progress to WBAT beginning at wk 6 pending x-ray and MD visit; wean from crutches as able • D/C brace w/ adequate quad • Avoid excessive loading of anterior knee (no PF pain) • No impact (run, cutting, pivoting) 	<ul style="list-style-type: none"> • Begin active knee extension as tolerated • Normalize gait • Initiate CKC exercises • Stationary bike • Cryotherapy / Modalities as indicated • Week 8: FOTO, LEFS, PRO
Weeks 8 – 12	<ul style="list-style-type: none"> • Ambulate community distances by 12 weeks without assistive devices • No effusion in knee • Restore total leg strength 	<ul style="list-style-type: none"> • Avoid loaded ROM (> 90°) • No impact (running, cutting, pivoting) 	<ul style="list-style-type: none"> • Progress CKC into greater ROM (<90°), single leg, multi-planar, and with resistance as tolerated • Initiate proprioceptive training • Initiate pool if accessible • Week 12: FOTO, LEFS, PRO • Can begin medial/lateral patellar mobilizations
Weeks 12 – 16	<ul style="list-style-type: none"> • Preparation for more advanced exercise / activity • Normalize asymmetries • 70% symmetry with isokinetic quad strength testing 	<ul style="list-style-type: none"> • Avoid loaded range of motion (> 90°) • Proper exercise form and control during exercise performance • No impact (running, cutting, pivoting) 	<ul style="list-style-type: none"> • Progress strength, endurance, and proprioception • Advance cardiovascular conditioning (Eliptical) • Week 16: SGYM with testing • OKC strengthening: <ul style="list-style-type: none"> ○ Y – Balance ○ Body weight single leg press ○ Humac testing (90/180 deg/sec) ○ FOTO, LEFS, PRO
Weeks 16 +	<ul style="list-style-type: none"> • Begin impact training once cleared by MD (jumping, running etc.) <ul style="list-style-type: none"> ○ Avoid cutting, pivoting until week 20 • Unrestricted return to activity (Months 6-9) 	<ul style="list-style-type: none"> • Avoid running / jumping on a painful or swollen knee • Avoid cutting, pivoting, and high intensity plyometrics until wk 20 • Proper form and control during exercise performance 	<ul style="list-style-type: none"> • Can begin loading beyond 90° as tolerated • Can begin linear jogging and light impact • Anticipated final visit: SGYM with Testing <ul style="list-style-type: none"> ○ Y- balance ○ Humac testing (90/180 deg/sec) ○ Single leg vertical jump ○ Single leg hops: for distance, triple hop • FOTO, LEFS, PRO

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.