

Medial Patellofemoral Ligament Reconstruction/Fulkerson's/TTO Guideline

Time	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 6	<ul style="list-style-type: none"> Reduce pain and swelling Motion from 0-90° Maintain patellar mobility Active quadriceps control SLR with no extensor lag 	<ul style="list-style-type: none"> Weight-bearing as tolerated Locked in extension first 2 weeks Motion 0-30° first two weeks May increase 0-90° until 6 weeks No CKC strengthening > 70° of knee flexion 	<ul style="list-style-type: none"> ROM: as tolerated Quadriceps recruitment/NMES Hip strengthening Gait training Blood flow restriction; if applicable
<i>Fulkerson's/TTO may be NWB first 6 weeks per surgeon notes</i>			
Weeks 6 - 12	<ul style="list-style-type: none"> Progress ROM to 0-125° Progression of quadriceps strength/endurance Normalized gait mechanics 	<ul style="list-style-type: none"> Transition to WBAT Discontinue brace when no extensor lag with repeated SLR May initiate OKC motion at 6 weeks May progress closed-chain strengthening up to 90 degrees as tolerated after 8 weeks Discuss long-term bracing with physician 	<ul style="list-style-type: none"> ROM: as tolerated Gait training from WBAT to independent Core stabilization exercises Neuromuscular re-education Global LE strengthening <ul style="list-style-type: none"> Begin functional strengthening exercises (bridge, mini-squat, step up, etc.) Double limb -> single limb balance/proprioception Aerobic training: walking program, stationary bike
Weeks 12 - 16	<ul style="list-style-type: none"> Full ROM Increase functional LE strength Isometric strength at > 80% LSI (See functional assessment for return to running criteria) Pass Return to Run criteria Initiate basic plyometrics 	<ul style="list-style-type: none"> May increase closed-chain strengthening > 90° No running, jumping, or cutting on painful knee 	<ul style="list-style-type: none"> Increase loading capacity for lower extremity strengthening exercises Double limb -> Single limb Continue balance/proprioceptive training Aerobic training: elliptical, stairmaster Week 16: begin low level plyometric and agility training
Months 4 - 6	<ul style="list-style-type: none"> Full, symmetric ROM Progress sport specific training Successful progression of return to run program Initiate plyometric and agility training 	<ul style="list-style-type: none"> Avoid painful activities/exercises No jogging on painful or swollen knee No participation in sports 	<ul style="list-style-type: none"> Progress hypertrophy and strength training Continue balance/proprioceptive training Perform Return to Run testing Increase intensity of plyometric and agility training Initiate running program; if applicable
Months 6+	<ul style="list-style-type: none"> Continue to progress functional strengthening Sport-specific training Pass Return to Sport criteria 	<ul style="list-style-type: none"> No participation in sports unless specified by care team Avoid painful activities 	<ul style="list-style-type: none"> Gradually increase lifting loads focusing on form, control, and tissue tolerance Running program Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills ARC Program

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.