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Medial Patellofemoral Ligament Reconstruction 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• May unlock brace with NWB• Avoid extensor lag• Increase WBAT 0-90° within brace when no extensor lag• 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
Weeks 6 - 12	<ul style="list-style-type: none">• Progress ROM to 0-125°• Progression of quadriceps strength/endorance• Normalized gait mechanics	<ul style="list-style-type: none">• Full-weight bearing• Discontinue brace when no extensor lag with repeated SLR• May progress closed-chain strengthening up to 90 degrees as tolerated after 8 weeks• Discuss 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.