ORTHOPAEDIC SPECIALISTS OF MASSACHUSETTS

Physical Therapy Prescription – MPFL Reconstruction (Allograft)

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Orthopaedic Specialists of Massachusetts

Patient: _____

DOB: _____ Date: _____

Diagnosis: Recurrent patellar instability, status post medial patellofemoral ligament (MPFL) reconstruction with allograft

ICD-10: M22.0 (recurrent dislocation of patella), as applicable

Surgery date: _____

Postoperative Course / Brace & Weight-Bearing

- Hinged knee brace locked in full extension for ambulation and sleeping.
- Weight-bearing as tolerated in the brace, locked in extension, with crutches until adequate quad control (no extensor lag) is demonstrated — typically 2–4 weeks.
- Brace may be unlocked for supervised ROM exercises starting in the first few days postoperatively.
- Wean off crutches and out of the brace for ambulation once quad control is established, generally by weeks 3–4.

Begin Formal Physical Therapy

- Within the first 1–2 weeks postoperatively — early motion is important to prevent stiffness/arthrofibrosis.

Physical Therapy Orders

- Frequency: 2x/week, progressing per therapist assessment.
- Early patellar mobilization to prevent patellar entrapment — begin as soon as tolerated.
- Quad sets, straight leg raises (in brace locked in extension), and ankle pumps from postop day 1.
- Gentle passive/active-assisted ROM: goal 0–90° by 2 weeks, full ROM by 6 weeks.
- Closed-chain strengthening (mini-squats, leg press) beginning approximately 4–6 weeks.
- Stationary bike once ROM reaches approximately 100–110°, generally 4–6 weeks.
- Proprioception and balance training as weight-bearing and strength allow.
- Avoid resisted open-chain knee extension until cleared by surgeon, generally around 12 weeks, to protect the graft.
- Progress to running program at approximately 12–16 weeks if strength and control criteria are met.
- No pivoting, cutting, or return to sport until quad strength and functional testing are satisfactory — typically not before 6 months.

Precautions

- Protect the graft — avoid twisting, pivoting, or forced hyperextension.
- Monitor patellar tracking and apprehension throughout rehabilitation.
- Defer to surgeon follow-up visits for advancement of weight-bearing, bracing, and activity status.

Respectfully,

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James W. Snead, M.D.
Board Certified Orthopaedic Surgeon

Call 781-769-6720 with questions or concerns.