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Rehabilitation Guideline for Medial Patello-Femoral Ligament (MPFL) Reconstruction Patient Education

General Anesthesia

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult **MUST** stay with you for the rest of the day and also during the night

Wound Care

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.

Pain and Swelling

- Ice your knee as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

Driving

- Driving may resume once you are no longer taking narcotic medications.
- If you had surgery performed on the left knee, once you have stopped taking the narcotic medication, you may begin to drive. If surgery was performed on the right knee, you may drive once you are no longer taking narcotic medication, can ambulate without crutches, and you are confident you can push the brake pedal quickly if necessary. This is generally around 1-2 weeks after surgery.

Rehabilitation

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

Phase I (0-2 weeks post op)**Date:** _____

Appointments	<ul style="list-style-type: none"> • Appointment with physician office 2 weeks after surgery • Appointment with physical therapy 3-5 days post op
Rehabilitation Goals	<ul style="list-style-type: none"> • Passive flexion 0-90 degrees • Continue to obtain full extension
Precautions	<ul style="list-style-type: none"> • Touch down weight bearing (TDWB) with crutches • Brace locked in extension and may be removed for exercises
Range of Motion Exercises	<ul style="list-style-type: none"> • Heel slides with towel • Heel slides on the wall • Prone hangs • Patella mobilizations
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • Quad and hamstring sets • Straight leg raises • 4 way hip • Core strengthening
Cardiovascular exercises	<ul style="list-style-type: none"> • UBE as needed
Progression Criteria	<ul style="list-style-type: none"> • 2+ weeks post op <ul style="list-style-type: none"> ○ No pain ○ Able to achieve 90 degrees flexion ○ Swelling kept to minimum

Phase II (3-6 weeks after surgery)**Date:** _____

Appointments	<ul style="list-style-type: none"> • Appointment with physician office at 6 weeks post op • Appointments with physical therapy at their discretion • Working with athletic trainer every day
Rehabilitation Goals	<ul style="list-style-type: none"> • Progress to brace unlocked to 90 degrees • Advance ROM to full as tolerated
Precautions	<ul style="list-style-type: none"> • Brace on at all times • WBAT with crutches
Range of motion exercises	<ul style="list-style-type: none"> • Progress with ROM exercises to full motion

Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Limit weight bearing exercises to flexion pass 90 degrees ● Continue with strengthening exercises from Phase I ● Begin DL balance drills ● Core and hip strengthening
Cardiovascular Exercise	<ul style="list-style-type: none"> ● UBE
Progression Criteria	<ul style="list-style-type: none"> ● 6+ weeks post op <ul style="list-style-type: none"> ○ Brace has been unlocked to 90 degrees ○ Full ROM NWB ○ Quad and hamstring activation

Phase III (6-12 weeks after surgery)

Date: _____

Appointments	<ul style="list-style-type: none"> ● Appointment with physician office at 12 weeks post op ● Appointments with physical therapy at their discretion ● Working with athletic trainer every day
Rehabilitation Goals	<ul style="list-style-type: none"> ● Full weight bearing without crutches ● Discontinue brace at 6 weeks ● Full ROM WB
Precautions	<ul style="list-style-type: none"> ● Soreness resolving within 24 hours after exercise
Range of motion exercises	<ul style="list-style-type: none"> ● Full ROM ● Continue exercises as needed from Phase I and II ● Progress ROM while WB
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Wall sits and lunges ● Balancing and proprioception exercises ● DL and SL strengthening exercises
Cardiovascular Exercise	<ul style="list-style-type: none"> ● Stationary bike ● Begin running protocol at 12 weeks
Progression Criteria	<ul style="list-style-type: none"> ● 12+ weeks post op <ul style="list-style-type: none"> ○ Full WB ROM ○ Full control and strength in leg muscle ○ Balance on SL for more than 30 seconds

Phase IV (12-16 weeks after surgery)

Date: _____

Appointments	<ul style="list-style-type: none"> ● Appointments with physician office at 16 weeks post op ● Appointments with physical therapy at their discretion ● Work with athletic trainer every day
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Rehabilitation Goals	<ul style="list-style-type: none"> ● Progress back to sports and work activity
Precautions	<ul style="list-style-type: none"> ● Soreness resolving within 24 hours after exercise
Range of motion exercises	<ul style="list-style-type: none"> ● Full ROM
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Advance closed chain strengthening ● Leg press ● Leg curls ● Plyometric and proprioceptive training
Cardiovascular Exercise	<ul style="list-style-type: none"> ● Complete running program ● Incorporate sport specific and training work loads
Progression Criteria	<ul style="list-style-type: none"> ● Completed RTP clearance testing ● Clearance from physician office, physical therapy, and athletic trainer

Comments:

Questions: contact our office at 903-729-3214 Opt. 0

****Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.****