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Post-Operative Protocol- MPFL Reconstruction/Repair (Isolated)

Patient Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

_____ Provide patient with home exercise program

0-6 Weeks:

WBAT in brace in full extension
Quad sets/SLR in brace
ROM 0-40 degrees x 2 weeks, then progress to 0-90 degrees for passive motion

6-8 Weeks:

Wean from brace into Lateral buttress knee sleeve used during activities
Gait drills
Functional single plane closed chain movements
Balance/proprioception
Progress range of motion as tolerated – passive, active, active assisted

8-12 Weeks:

All exercises as above
Gradually progress lower extremity strengthening avoiding valgus forces on knee
Emphasize patellofemoral program
Hip and Core strengthening

12-16 Weeks:

Progress to multi-plane closed chain strengthening, single leg press
Progressive Active strengthening
May begin jogging
Begin sports specific exercises at 14-16 weeks

>16 Weeks:

Return to all activities including cutting/pivoting sports

_____ Other:

Modalities: _____ Electric Stimulation _____ Ultrasound _____ Heat before/Ice after

Frequency: _____ x/ week x _____ weeks

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