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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – MPFL Reconstruction

Name: _____ **Date:** _____

Diagnosis: R / L Knee MPFL reconstruction **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks ****Special Considerations:**

PHASE I (week 0-2): Protection phase

Weightbearing: Partial weight bearing with crutches

Brace: Locked in full extension for ambulation and sleeping

Range of Motion: progress 0-90° as tolerated

Therapy Exercises: Gentle patellar mobilization, straight leg raises in locked brace until quad activation returns, Quad sets, Heel slides, Modalities Heat (before)/Ice (after)

PHASE II (week 2-6):

Weightbearing: As tolerated wean from crutches

Brace: Unlocked (may consider use of patellar stabilizing brace at 4 weeks)

Range of Motion: progress to full AROM, goal of >90° by week 6

Therapy Exercises: Continue previous. **No weighted knee flexion >90°**, begin floor-based core and glutes work,

PHASE III (week 6-12):

Weightbearing: Full

Brace: Discontinue (may continue use of patellar stabilizing brace)

Range of Motion: Full painless range of motion

Therapy Exercises: Advance closed chain strength and proprioception, begin wall sits and lunges, stationary bike

PHASE IV (week 12-16):

Advance closed chain strength, plyometrics, and proprioception

Begin elliptical and treadmill/in-line jogging

PHASE V (Month 4-6): Gradual return to sport

Sport specific drill progression

Consider functional sport assessment

Physician Signature: _____ Date: _____

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