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**Advanced Orthopedics**  
AND SPORTS MEDICINE



## Physical Therapy Prescription – Tibial Tubercle Osteotomy MPFL Reconstruction

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** R / L Knee TTO + MPFL recon **Date of Surgery:** \_\_\_\_\_

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

### PHASE I (week 0-2): Protection phase, edema control, quad activation

**Weightbearing:** Heel touch

**Brace:** Locked in full extension for ambulation and sleeping

**Range of Motion:** Active/AAROM/PROM with therapist; goal of 0-90 deg by **week 2**

**Therapy Exercises:** Gentle patellar mobilization, straight leg raises in locked brace until quad activation returns, Quad sets, floor based core/glutes, Modalities Heat (before)/Ice (after)

### PHASE II (week 2-6):

**Weightbearing:** Heel touch

**Brace:** Unlocked 0-90° (may consider use of patellar stabilizing brace)

**Range of Motion:** progress to full AROM, goal of full ROM by week 6

**Therapy Exercises:** Continue previous.

### PHASE III (week 6-12):

**Weightbearing:** Advance 25% weekly until Full WBing

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

**Range of Motion:** Progress to full painless range of motion

**Therapy Exercises:** Advance closed chain strength and proprioception, begin wall sits and lunges, stationary bike, terminal knee extension with theraband 0-45°

### PHASE IV (week 12-16):

**Advance closed chain strength, functional balance and core strength, plyometrics, and proprioception**

**Begin elliptical and swimming @12 weeks**

### PHASE V (Month 4-6):

**Initiate light plyometrics**

**Sport specific drill progression**

**Consider functional sport assessment for return to sport @ 6 months with physician approval**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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