



**MPFL RECONSTRUCTION,
AMZ TIBIAL TUBERCLE
OSTEOTOMY, CARTILAGE
RESTORATION**



Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

Name: _____

Date of Surgery: _____

Diagnosis: R / L MPFL RECONSTRUCTION, TTO, CARTILAGE RESTORATION

Frequency: 2-3 times per week for _____ weeks, Therapy to start 3-5 days after surgery

PHASE I (Weeks 0-2)

Weight Bearing: Flat-foot WB in Brace locked in full extension ONLY
Brace: On at all times including sleep. May remove for hygiene and changing clothing only
ROM: 0-90 degrees
Exercises: Calf pumps, quad set, SLR in brace, modalities

PHASE II (Weeks 2-8)

Weight Bearing: Flat-foot WB in Brace locked in full extension ONLY. MAY ADVANCE WBS 25% PER WEEK, STARTING WEEK 6
Brace: Open 0-90°. On at all times when ambulatory. May remove for sleep and hygiene. OK TO REMOVE AT NIGHT
ROM: Maintain full extension and progress flexion past 90 degrees
Exercises: Progress non-weight bearing flexibility, Begin floor-based core and glutes work, Advance quad sets, patellar mobs, and Single Leg Raise

PHASE III (Week 8 – 4 months)

Weight Bearing: Full
Brace: Discontinue at 8 weeks if able to obtain full extension and SLR w/o lag, transition to patellar brace
ROM: Full
Exercises: Progress flexibility and strengthening, progression of functional balance, core, glutes program, Advance bike after 12 weeks, Add elliptical, swimming after 14 weeks.

PHASE IV (4+ months)

Weight Bearing: Full
Brace: Patellar Brace Only during physical activity
ROM: Full
Exercises: Maximize single leg dynamic and static balance, Glutes/pelvis stability, core + closed-chain quad program, Progress flexibility/strengthening, progression of function: forward/backward running, cutting, grapevine, initiate plyometric program and sport-specific drills @ 16 wks if cleared by MD

RETURN TO PLAY (4+ Months)

Return to play as tolerated after 16 weeks post-op when cleared by MD
Full, pain-free ROM
Strength of operative leg 85+% of non-operative leg

Signature: _____

Date:

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