



## **MFPL Reconstruction +/- Patella Osteochondral ORIF**

*(Updated 9/2025)*

### **General Post Op Instructions**

<b>Wound Care</b>	<ul style="list-style-type: none"><li>✓ Dressings can be removed 2 days after surgery, or they can be removed at the first physical therapy appointment</li><li>✓ If desired, incisions may be covered with simple dressings (band-aids)</li></ul>
<b>Swelling</b>	<ul style="list-style-type: none"><li>→ Swelling and bruising are to be expected after a surgical procedure</li></ul>
<b>Ice and Elevate</b>	<ul style="list-style-type: none"><li>✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling</li><li>✓ Do not place ice or cold back directly onto the skin</li><li>✓ Elevate the limb above the heart when able</li></ul>
<b>Showering</b>	<ul style="list-style-type: none"><li>→ Do not soak incisions in water until after stitches are removed</li><li>→ You may begin to shower 2 days after surgery after dressings are removed<ul style="list-style-type: none"><li>○ Allow soapy water to run over the incision but do not scrub</li><li>○ Dry, apply band-aids if needed</li></ul></li><li>→ May remove brace for showering</li></ul>
<b>Driving</b>	<ul style="list-style-type: none"><li>✓ Dr. Call does not release patients to drive at a specific date or week post op</li><li>✓ It is unlawful to drive under the influence of opioid (strong pain) medications</li><li>✓ Must be able to safely apply the brakes before returning to drive</li><li>✓ Driving in a brace/sling/boot is not recommended</li></ul>

### **Weight Bearing Restrictions, ROM, and Brace Use**

	WB Restrictions	Minimum ROM Goals
Week 1-2	<ul style="list-style-type: none"><li>✓ PWB (up to 50%) with crutches</li><li>✓ Knee brace locked in extension for ambulation and sleep</li></ul>	<ul style="list-style-type: none"><li>✓ 0-30 degrees</li></ul>
Weeks 3-4	<ul style="list-style-type: none"><li>✓ WBAT with crutches</li><li>✓ Knee brace locked 0-90 degrees for ambulation</li></ul>	<ul style="list-style-type: none"><li>✓ 0-90 degrees</li></ul>
Weeks 5	<ul style="list-style-type: none"><li>✓ WBAT without crutches</li><li>✓ Knee brace 0-120 degrees for ambulation</li></ul>	<ul style="list-style-type: none"><li>✓ 0-110 degrees</li></ul>
Week 6 +	<ul style="list-style-type: none"><li>✓ WBAT</li><li>✓ DC Brace</li></ul>	<ul style="list-style-type: none"><li>✓ Full</li></ul>



## Immediate Post Operative Phase (up to week 4)

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<b>Overall Goals</b>	✓ Protect fixation and surrounding soft tissues ✓ Control inflammatory process ✓ Decrease pain and effusion ✓ Restoration of full passive knee extension ✓ Gradual improvement of knee flexion ✓ Regaining quadriceps control
<b>Cautions</b>	→ No active knee extension for 6 weeks → Avoid lateral patella mobilization
<b>Range of Motion</b>	✓ Limit active flexion to 90 degrees for the first 6 weeks ✓ Achieve full passive knee extension immediately
<b>Therapeutic Suggestions</b>	→ Ankle pumps → Quad sets, Glut sets → Motion exercises throughout the day → Patellar mobilization (3-4 times per day): Medial, Superior, Inferior (NO lateral mobilization secondary to medial patellofemoral ligament reconstruction) → Biofeedback and/or electrical muscle stimulation → May begin active heel slide for knee flexion → Hamstring activations → SLR – 4 way → Patient with moderate knee swelling may benefit from a compression sleeve with PF cutout → Manual hamstring and gastroc stretches in supine → Scar massage to improve scar mobility
<b>Progression Ready to Next Phase</b>	✓ Full passive knee extension ✓ Knee Flexion to 90 degrees ✓ Minimal pain and swelling

*If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies*

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## Intermediate Rehabilitation Phase (Weeks 5 – 8)

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<b>Overall Goals</b>	✓ Gradually improve quadriceps strength/endurance ✓ Gradual increase in functional activities
<b>Cautions</b>	→ May consider a patellar stabilization type brace (J brace or equivalent) after week 6 → Avoid lateral patella mobilization
<b>Range of Motion</b>	✓ Achieve 0-110 degrees by 6 weeks ✓ May add AAROM if needed ✓ Patella mobility

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<b>Therapeutic Suggestions</b>	→ If patient can lift 3 lbs on 4 way SLR- progress to hip strengthening on the cable column or multi-hip machine → Can begin aquatic exercise for open chain hip flexion/abduction/adduction/ extension → If patient having difficulty maintaining full extension, begin prone leg hang → Active SAQ if no pain in patellofemoral joint, no pain in area of VMO and no tibial tuberosity pain and no crepitus or increased swelling → Begin gentle submaximal Multi-angle (MAI) quadriceps isometric exercise if pain-free in PF joint, no VMO pain, no tibial tuberosity pain and no crepitus → Bridging on the table or floor → Seated heel raise → Standing bilateral heel raise → Weight shift-laterally, diagonally and forward → Closed chain terminal knee extension in standing with theraband behind knee
<b>Progression Ready to Next Phase</b>	✓ ROM goals achieved ✓ Minimal pain

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## Advance Strengthening Phase (Weeks 9 – 12)

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<b>Overall Goals</b>	✓ Pain free functional activities ✓ Improve normal gait pattern ✓ Improve strength
<b>Cautions</b>	→ Avoid provoking symptoms
<b>Range of Motion</b>	✓ Full ROM
<b>Therapeutic Suggestions</b>	→ Cone walk-forward and laterally → One leg standing balance → Begin adding resistance for SAQ's in pain-free ROM and progress as tolerated → Leg Press Machine (2 legged) begin at 0-30 degrees and then progress to 0-45 degrees as tolerated as long as no pain, crepitus or increased swelling → Total Gym Leg Press if available in safe pain-free ROM → BOSU forward/back and side to side → One leg heel raise → Begin physioball wall squats or wall slides 0-30 degrees and then progress to 0-45 degrees as tolerated → Treadmill walking to increase endurance and cadence → Elliptical machine to increase endurance → Physioball Balance and proprioception exercises
<b>Progression Ready to Next Phase</b>	✓ Full ROM ✓ Hamstrings within 20% of contralateral extremity ✓ Quadriceps within 30% of contralateral extremity ✓ Balance testing within 30% of contralateral extremity ✓ Able to bike for 30 minutes

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## Late Rehabilitation and Strengthening Phase (Week 13 – 24+)

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<b>Overall Goals</b>	✓ Improve strength ✓ Progress exercises
<b>Cautions</b>	→ Ensure appropriate patella tracking symmetry → Avoid painful or apprehensive exercises
<b>Range of Motion</b>	✓ Full ROM
<b>Therapeutic Suggestions</b>	→ Continue progressing exercises → Leg Press 0-60 degrees → Bilateral squats (0-60 degrees) → Unilateral step-ups (2-4-6-8 inches) → Forward lunges (limited range) if no pain, crepitus or increased swelling → Progress walking program on the treadmill → Bicycle, Elliptical, Jogging → Swimming (no whip kick or butterfly stroke) → Core and trunk strengthening → Add plyometrics if demonstrating good knee stability
<b>Progression Ready to Agility Training</b>	✓ Lateral shuffle/Carioca ✓ Agility Ladder ✓ Sport Cord Jogging
<b>Return to Sports</b>	✓ Knee symmetry ✓ Able to tolerate sport specific agility training ✓ Running progression ✓ Isokinetic testing limb symmetry index 85% of contralateral extremity ✓ Generally 6 months post op

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