



Indiana University Health

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MFPL Reconstruction +/- Patella Osteochondral ORIF

(Updated 9/2025)

General Post Op Instructions

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

Weight Bearing Restrictions, ROM, and Brace Use

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



Immediate Post Operative Phase (up to week 4)

Overall Goals	<ul style="list-style-type: none"> ✓ 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
Cautions	<ul style="list-style-type: none"> → No active knee extension for 6 weeks → Avoid lateral patella mobilization
Range of Motion	<ul style="list-style-type: none"> ✓ Limit active flexion to 90 degrees for the first 6 weeks ✓ Achieve full passive knee extension immediately
Therapeutic Suggestions	<ul style="list-style-type: none"> → 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
Progression Ready to Next Phase	<ul style="list-style-type: none"> ✓ Full passive knee extension ✓ Knee Flexion to 90 degrees ✓ Minimal pain and swelling <p><i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i></p>

Intermediate Rehabilitation Phase (Weeks 5 – 8)

Overall Goals	<ul style="list-style-type: none"> ✓ Gradually improve quadriceps strength/endurance ✓ Gradual increase in functional activities
Cautions	<ul style="list-style-type: none"> → May consider a patellar stabilization type brace (J brace or equivalent) after week 6 → Avoid lateral patella mobilization
Range of Motion	<ul style="list-style-type: none"> ✓ Achieve 0-110 degrees by 6 weeks ✓ May add AAROM if needed ✓ Patella mobility



Therapeutic Suggestions	<ul style="list-style-type: none"> → 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
Progression Ready to Next Phase	<ul style="list-style-type: none"> ✓ ROM goals achieved ✓ Minimal pain

Advance Strengthening Phase (Weeks 9 – 12)

Overall Goals	<ul style="list-style-type: none"> ✓ Pain free functional activities ✓ Improve normal gait pattern ✓ Improve strength
Cautions	<ul style="list-style-type: none"> → Avoid provoking symptoms
Range of Motion	<ul style="list-style-type: none"> ✓ Full ROM
Therapeutic Suggestions	<ul style="list-style-type: none"> → 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
Progression Ready to Next Phase	<ul style="list-style-type: none"> ✓ 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+)

Overall Goals	✓ Improve strength ✓ Progress exercises
Cautions	→ Ensure appropriate patella tracking symmetry → Avoid painful or apprehensive exercises
Range of Motion	✓ Full ROM
Therapeutic Suggestions	→ 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
Progression Ready to Agility Training	✓ Lateral shuffle/Carioca ✓ Agility Ladder ✓ Sport Cord Jogging
Return to Sports	✓ 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