

(PROTOCOL #22) REHABILITATION FOLLOWING PATELLOFEMORAL LIGAMENT RECONSTRUCTION

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The following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences. Any bracing is discontinued **ONLY UPON**

DIRECTION OF PHYSICIAN.

PHASE 1	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
2 Weeks Post-op	<ul style="list-style-type: none"> • Quadriceps sets • Four way leg lifts with brace on in supine for hip strengthening • Ankle pumps • Ankle isotonic with exercise band • Hip abductors extensors in non-weight bearing position 	<ul style="list-style-type: none"> • Full knee extension • Normal patellar tracking, superior, inferior, medial and lateral • Improve proximal limb control • ↓dynamic valgus stress and hip internal rotation • Must achieve >90° flexion • Protection of the post-surgical knee • Restore normal knee range of motion • Normalize gait • Eliminate effusion (swelling) • Restore leg control
PHASE 2	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
6 Weeks Post-op	<ul style="list-style-type: none"> • Gait drills • Functional single plane closed chain movements • Continued gradual progression of range of motion • Gradual progress of lower extremity strengthening with precautions to avoid dynamic valgus or medial knee displacement • Balance and proprioception exercises begin • Normal gait on level surfaces • Good leg control without extensor lag, pain or apprehension • Single leg balance greater than 15 seconds with no pain • At least 10 weeks after surgery 	<ul style="list-style-type: none"> • Good control and no pain with short arc functional movements, including steps and partial squats • Good quad control • ↓dynamic knee valgus knee taping • Avoid over-stressing fixation: begin movement control gentle strengthening with closed chain movements in a shallow arc of motion and by using un-weighting techniques (such as the pool or double leg support) • Avoid post activity swelling • No rotational activity for 10 weeks

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PHASE 3	FUNCTIONAL PROGRESSION/ACTVITIES	FUNCTIONAL PROGRESSION/ACTVITIES
12 - 14 Weeks Post-op	<ul style="list-style-type: none"> • Continue range of motion exercises and stationary bike • Closed chain strengthening begin with single plane progress to multi-plane • Single leg press • Balance and proprioception exercises: single leg stand, balance board • Hip and core strengthening • Stretching for patient specific muscle imbalances • Initiate low amplitude agility drill in the sagittal plane avoid frontal and transverse initially due to the potential for dynamic valgus • No Running • Full range of motion • No effusion (swelling) • No patellar apprehension • Single leg balance with 30° of knee flexion greater than 15 seconds • Good control and no pain with squats and lunges 	<ul style="list-style-type: none"> • Full range of motion • No effusion (swelling) • Improve quadriceps strength • Improve proximal hip and core strength • Improve balance and proprioception • Functional training of limb • Use femoral strapping if needed • No abnormal postures, movements during training • Normal tracking patella • Avoid closed chain exercises on land past 90° of knee flexion to avoid over-stressing the repaired tissues and increased patellofemoral forces • Avoid post-activity swelling
PHASE 4	FUNCTIONAL PROGRESSION/ACTVITIES	FUNCTIONAL PROGRESSION/ACTVITIES
16 - 18 Weeks Post-op	<ul style="list-style-type: none"> • Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to the other and then 1 foot to the same foot • Movement control exercises beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities • Progression to multi-planar agility drills with progressive increase in velocity and amplitude • Sport/Work specific balance and proprioceptive drills 	<ul style="list-style-type: none"> • Rehabilitation appointments are approximately once every 2 to 3 weeks • Good eccentric and concentric multi-plane dynamic neuromuscular control (including impact) to allow for return to work/sports • No residual pain/swelling

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| | <ul style="list-style-type: none">• Hip and core strengthening• Stretching for patient specific muscle imbalances• Return to sport/work criteria• Dynamic neuromuscular control with multi-plane activities and without pain, instability or swelling• Approval from the physician and/or sports rehabilitation provider | |
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Approved By:

Physician reserves the right to adjust these protocols for each

Signature: _____ Date _____
Robert M. Doane, M.D., P.C.

Signature: _____ Date _____
Balu Pisupati, PT

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