**MPFL reconstruction**

*Patient and therapist information sheet*

**Procedure details:**  Arthroscopic surgery to reconstruct the native Medial patella-femoral ligament, MPFL). This involves using Autograft (your own tissue) or Allograft (donated tissue) or synthetic materials as a scaffold to perform the job of the native MPFL, whilst your body grows into this scaffold or replaces the tissue.

**Goals of treatment:** To improve knee stability, the patella femoral stability and function with reconstructing normal anatomy to the knee and assist in rehabilitation to prevent further knee injuries. Prevention of instability and arthritis that would continue with an unstable patellofemoral joint. Allowing the MPFL to heal, “ligamentise” (heal with your cells and collagen) whilst focussing on specific exercises to improve strength, coordination and function of the knee and supporting structures are the main aims of rehabilitation.

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| Phase | Time (Weeks) | Restrictions | Exercises |
| 1Rest and ROM | 0-6 | No kicking, running or sports other than physio directed rehabilitation | Aim is to let knee settle, increase range of motionRest, massage, compression, ice as neededFoot supported (closed chain) range of motion and then moving to open chain when quads control returnedQuads activation and controlling exercises |
| 2ROM and strength | 6-16 | No pivoting sports, impact sports | Quads strengthening, cycling, rowing, squats, return to guided gym exercises. |
| 3Strength and balance | 16weeks - 6 months | Avoid lateral force to the patella | Abductor strengthening balance exercisesQuads and hams strengthRunning, cycling, rowing, squats, presses, sports with training and return to games |
| 4 Balance and sports training and injury prevention | 6 months -  | Try to avoid positions of increased stress to lateral subluxation or dislocation | Sport specific trainingFIFA 11+ warm up protocolAbductor strengtheningEducation on prevention – jumping mechanics |