BAY AREA ORTHOPEDIC
SURGERY & SPORTS MEDICINE

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EXTENSOR REALIGNMENT WITH REPAIR OF THE MEDIAL PATELLOFEMORAL LIGAMENT

POST-OP REHABILITATION PROGRAM

General considerations:

-Patients are weight bearing as tolerated with crutch use as needed post-operatively.

-Range of motion will be blocked at 0 degrees in a knee immobilizer for 4 weeks. They will wean to a patellofemoral neoprene brace first for sleeping, then around their house, and finally with all ADL's as soon as they are able to demonstrate adequate control of the lower extremity.

-Important not to push for flexion past 90 degrees for 8 weeks post-op to protect repair.

-Passive range of motion after the first 2 weeks once a day ONLY.

-Regular manual and self-mobilization of the patella (superior and inferior only), patella tendon, and portals should be performed to prevent fibrosis, improve range of motion, an functional mobility.

-Regular attention to proper VMO recruitment and patellofemoral mechanics will optimize outcome.

*Return to sport and activities are dependent upon passing a functional, sports test.

Week 1:

-M.D. office visit at 1 day and 1 week post-op.

-Gait training, pain and edema control, and muscle stimulation to improve quadriceps recruitment.

-Ankle exercises, quad, adduction and gluteal sets, leg raises in multiple planes (except hip flexion).

-Extension stretching to hamstrings, calves, and lateral musculature to maintain extension range

of motion.

-Well-leg stationary cycling and UBE. Upper body weight machines and trunk exercises.

Weeks 2-4:

-Continue to progress weight bearing and functional mobility as able.

-Resistive band hip exercises (except flexion).

-Submaximal quad, gluteal and abduction/adduction isometrics within the range restrictions.

-Hip flexion leg raises when able to demonstrate no quadricep lag.

-Calf raises, weight shifting, ankle exercises, balance and proprioception exercises.

-Patella, suprapatellar pouch and scar mobilization regularly.

-Pool walking and workouts as soon as incisions are well-healed.

Weeks 4-6:

-M.D. visit at 1 month post-op.

-Wean from immobilizer first with sleeping, then around the house.

-Submaximal quad isometrics and ankle isometrics through multiple ranges.

-Abduction, adduction and hip machines at the gym.

-Initiate weight shifting, short-arc knee bends and steps, and proprioceptive exercises within range.

Weeks 6-8:

-Functional exercises should focus on eccentrics. Increase depth of knee bends and add stepups as able to demonstrate good motion and control.

-Continue to increase intensity and resistance of other exercises.

-Passive flexion to 90 degrees for stretching.

Weeks 8-12:

-More aggressive passive flexion stretching to increase range of motion.

-Add lateral exercises (i.e. lateral stepping, lateral step-ups, etc.).

-Continue all exercises with emphasis on closed-chain, functional and proprioceptive program.

-Initiate two-legged stationary bicycling.

-Stair machine and Nordic Track in brace for cardiovascular.

Weeks 12-16:

-Goals are to increase strength, power, and cardiovascular conditioning.

-Sport-specific exercises and training program.

-Maximal eccentric focused strengthening program.

-Increase resistance of cycling, stair machine, and pool programs.

4-6 months:

-Goals are to develop maximal strength, power, and advance to sporting-simulation activities.

-Resisted closed-chain rehabilitation through multiple ranges.

-Begin light running program as able to demonstrate good strength and mechanics.

6-9 months:

-Running program, intensive balance drills and agility program.

-Initiate plyometric training as able to demonstrate adequate strength and proper mechanics.