



Medial Patellofemoral Ligament Reconstruction Cartilage Reconstruction

Procedure(s) performed :

Date of Surgery:

Brace duration: Week 0-6 from surgery the brace is **locked** in full extension for standing and walking; may remove brace for sit/lay range of motion AND at rest. Brace to be worn while asleep. May remove brace and flex knee as recommended below.

Weight Status: Full weight with brace LOCKED in full extension

*****REMOVE THE BRACE AND BEND THE KNEE WHILE AT REST!!*****

	Weight bearing Status	Brace	Range of Motion	Recommended Therapeutic Precautions/Goals	<u>PATIENT'S POST OPERATIVE CHECKLIST</u>
Week 1-4	Full weight with brace locked in full extension.	YES Take off the brace for range of motion and while resting.	Full. Take off the brace for range of motion and while resting.	<ol style="list-style-type: none"> 1. Emphasize patient compliance to home exercise program and weight bearing precautions/progression 2. Avoid ambulation without brace locked 3. Avoid pain with therapeutic exercise & functional activities 4. Prevent quadriceps inhibition 5. Quad sets, Heel pumps, straight leg raises, gravity assisted knee flexion 	<ul style="list-style-type: none"> ○ Day 1: take off Ace-wrap. Leave it off ○ Take Aspirin 81mg as recommended daily. ○ Elevate the leg ○ Focus on regaining <u>FULL EXTENSION</u> ○ Exercise 4x-6x daily and use Ice ○ <u>Keep up with minimum range of motion 0-90 degrees by week 3-4</u> ○ <u>Remove/unlock</u> the brace for range of motion exercises <u>AND</u> at rest
WHEN DO I START PT?	<u>POST OP WEEK 1</u>				
	<ul style="list-style-type: none"> • ***1x session within first week postoperative to evaluate progress, start weight bearing, and provide home exercise program. 				

Week 6-8	Transition to FULL Weight with brace unlocked, then removed if quad strength is adequate Crutches until no limp	YES Take off the brace for range of motion and while resting.	Full Take off the brace for range of motion and while resting.		<ul style="list-style-type: none"> ○ Use muscle stimulator 3 days after surgery. 3x/day ○ Swelling AND/OR bruising may pool behind the knee, ankle, and foot (normal). IF you have persistent calf pain, call the office.
Week 8-12	Full weight	As needed	Full	<ol style="list-style-type: none"> 1. HEP: advance as tolerated. Continue phase I exercises, as appropriate 2. Patellar mobilization 3. ROM exercises 4. Quadriceps strengthening progression 5. Leg press: monitor arc of motion 6. Flexibility exercises Advance proximal strengthening and core	
Week 13-22+	Full		Full	<ol style="list-style-type: none"> 1. Home exercises 2. Patient education 3. Quad strengthening 4. Forward Step up/Step down Address muscle imbalance	

Brace

- You will wear a long brace on your leg, known as a Bledsoe brace, and use crutches. You will wear it day and night, locked straight for 6 weeks.
 - **While resting, Remove/unlock brace** and flex the knee as recommended. However, brace **must be worn while sleeping or ambulating.**

Quadriceps Stimulator – <https://www.amazon.com/Balego-Digital-Neuromuscular-Stimulator-MT100I/dp/B07CVGN7MC>

- The quadriceps muscle will become very weak and atrophied following surgery. To limit and prevent the extent of this disuse weakness, you will use a quad stimulator. Please purchase this from Amazon using the link above. If you have questions as to how to use, bring to your physical therapy appointment
 - Use for at least **20 minutes 3x/daily for 6 months**

Return to Play Assessment

This is a specific evaluation that is performed by your physical therapist. It is a two part evaluation; the first part is at post-op month 5-6 and is to demonstrate specific areas that need continued work. You will then be given a detailed program to increase strength in specific areas. The second part is 6-8 weeks later to determine your readiness to return to sport.