

<b>MPFL (Medial Patellofemoral reconstruction- knee cap stabilisation) Protocol</b>	
Phase 1 (0-4 weeks)	<p><b>Goal: Pain and swelling management AROM 0-60° , Good quad contraction, SLR* no lag</b></p> <ul style="list-style-type: none"> <li>• Swelling and pain control</li> <li>• Patella joint mobs</li> <li>• Locked brace immediately for first 3 days</li> <li>• Unlocked brace 0-90 for 4-6/52</li> <li>• Full extension</li> <li>• WBAT with crutches</li> <li>• Quads activation</li> <li>• Heel hangs</li> <li>• Static glutes</li> <li>• Hamstring stretch</li> <li>• Heel raises</li> <li>• SLR</li> </ul>
Phase 2 (4-6 weeks)	<p><b>Goals: Swelling management, ROM 0-90° , Gait FWB</b></p> <ul style="list-style-type: none"> <li>• Continued swelling management</li> <li>• ROM in brace 0-90</li> <li>• Full and equal extension</li> <li>• Wean off crutches</li> <li>• Hamstring curl with resistance band</li> <li>• Bridge</li> <li>• Clam</li> <li>• SLR</li> <li>• SLS (if good control)</li> <li>• Step ups/downs</li> </ul>
Phase 3 (6-12 weeks)	<p><b>Goals: Full AROM, Good eccentric control on SLD and SLS control</b></p> <ul style="list-style-type: none"> <li>• Full AROM</li> <li>• Wean off brace at week 6</li> <li>• Progressive resistance exercises</li> <li>• Prone hamstring curls with ball</li> <li>• Step ups/downs</li> <li>• Wall squat &gt;45°</li> <li>• Lunges</li> <li>• Treadmill walking</li> <li>• Functional dynamic test working on proprioception control e.g. descending stairs, gait, sit to stand</li> <li>• SLD (if good proximal limb control)</li> </ul>
Phase 4 (12 weeks - 6 months+)	<p><b>Goals: Strength and Hop test at 90% opposite side, return to normal functional level, good dynamic proprioceptive control</b></p> <p><i>Return to sport training 6/12 (non-contact) post op if there is sufficient dynamic stability</i></p> <ul style="list-style-type: none"> <li>• Strengthening through range</li> <li>• Review lower limb biomechanics and kinetic</li> </ul>

	<p>chain</p> <ul style="list-style-type: none"> <li>• Balance/Proprioception - unstable base with use of uni/multidirectional wobble boards, trampet, gym ball (throwing, catching, reaching, turning)</li> <li>• Static to Dynamic: <ul style="list-style-type: none"> <li>- Lunge on bosu</li> <li>- Single leg squats on trampette</li> <li>- Single leg stand on bosu with ball toss</li> </ul> </li> <li>• Jumping <ul style="list-style-type: none"> <li>- Tuck</li> <li>- Box</li> <li>- Long</li> </ul> </li> <li>• Hopping <ul style="list-style-type: none"> <li>- Single</li> <li>- 6m timed</li> <li>- Triple</li> <li>- Zig-zag</li> </ul> </li> <li>• Agility drills <ul style="list-style-type: none"> <li>- Shuttle sprints</li> <li>- Zig-zag running,</li> <li>- Sideways</li> <li>- Backwards drills</li> <li>- Lateral shuttles from cone to cone</li> <li>- Figure 8s</li> </ul> </li> <li>• Jogging intervals can start if suitable dynamic stability and is pain free</li> <li>• Strength and plyo test</li> <li>• Return to sport or activity gradually once have achieved good single limb dynamic control (plyometric training)</li> </ul>
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### Abbreviations

1. SLR- Straight leg raise
2. WBAT- Weight bearing as tolerated
3. FWB- Full weight bearing
4. AROM- Active range of movement
5. SLS- Single leg stance
6. SLD- Single leg dip

**Rehabilitation protocols are for guidance purposes only. Each patient, their injury and the treatment provided is individual and specific to them. Rehabilitation protocols would need individualising for the patients by the professionals looking after their rehabilitation. The timeline given is only a guide and you should not progress exercises without guidance of your physiotherapist.**

