

Patient: _____ Date of Surgery: _____

Procedure: Right/Left MPFL reconstruction with tibial tubercle transfer (AMZ or Fulkerson)

Associated Procedure (circled if applicable): Meniscectomy/Meniscal Repair, microfracture, cartilage transplantation

Special Instructions: _____

Phase I (0-6 wks): Period of protection

Weight bearing: TDWB with crutches/walker at all times

Brace: Hinged knee brace locked in extension for first 1 weeks then unlocked for all activities except sleeping.

ROM: Immediate passive ROM to tolerance, active knee flexion as tolerated, avoid active knee extension. Goal 90° by 6 weeks.

Ice: Not directly on skin. Recommend as much as possible. 5x/day, 20 min/session for first 2 weeks. Then after activity at minimum.

Exercises: Gentle quad sets, co-contraction, isometric quad/hamstring strengthening in extension and at knee flexion >60°. SLR with brace in extension.

Phase II (6-12 wks): Transition to weightbearing

Weight bearing: Beginning week 6 gradually over 2-3 weeks progress to full. Plan typically to wean from two crutches to 1 crutch to crutch free period. Full WBAT after completion ~8-9 weeks

Brace: Discontinue while sleeping but used for all ambulation and weightbearing exercises. Once full weightbearing ok to unlock 0-30° first week full WB, 0-90° next week. Discontinue when patient has good quad control and no lag.

ROM: Passive ROM as tolerated with gentle end range stretching. AROM and AAROM to tolerance without resistance.

Ice: Not directly on skin. Recommend as much as possible at minimum after PT.

Exercises: Begin and advance SLR. Once full WB and no lag on SLR and no limp during gait begin and slowly advance closed chain quad/core/hamstring strengthening.

Phase III (3-6 mo): Advanced conditioning and transition to full activities

Weight bearing: Full

Brace: None required.

ROM: No limitation. Aggressive end range stretching if full ROM not yet achieved.

Exercises: Progress closed chain patellofemoral strengthening without limits. Begin treadmill walking and progress with balance and proprioception.

Jogging: Begin straight ahead jogging program if core and hip strength appropriate at 4.5 mo post-op.

Sports: Release to sport between 4.5-6 months when full motion and strength obtained.

Frequency: _____x/week x _____weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

Dax Varkey MD, MPH

Date: _____