

Bonnie P. Gregory, MD

MPFL Reconstruction with Tibial Tubercle Transfer Rehabilitation

	<b>Weight Bearing</b>	<b>Brace</b>	<b>ROM</b>	<b>Exercises/Strength</b>
<i>0-6 Weeks</i>	NWB	Locked in extension	CPM 2-3 hours per day  80-90° may begin stationary crank bike  Goal minimum 90°	SLR, isometric quad exercises, ROM exercises, NMES, stretching of hamstrings and calf, hip PREs, patellar mobs avoiding lateral mobs
<i>7-12 Weeks</i>	Begin WB per MD based on radiographic healing	Week 9–10: WBAT w/ brace locked in extension w/o assistive device Week 11–12: normalize gait pattern w/ brace open or functional brace and assistive device	115° may begin stationary bike  125° may begin wall slides  Goal: minimum 115°	Initiate balance and proprioceptive exercises Continue working on strength progressing closed chain exercises
<i>13-24 Weeks (longest phase of rehabilitation)</i>	Full, normalization of gait pattern	D/C PO brace	Full	Progress NM and proprioceptive training Progress strength training including squats double and single leg (be cautious to cartilage procedure precautions) Beginning of running program and light plyometric work
<i>25-33 weeks (Should take a full 8)</i>			Full	Cross training and continuation of running program Plyometric work progressing to

<i>weeks in this phase)</i>				more functional type activities
<i>12 Months Return to Sport Criteria</i>				Symptom free running Confidence with jumping and landing (double and single leg) Pain free activities Ability to confidently perform cutting and lateral movements and decelerate and change directions Functional Sport Test with good results

- ❖ Progression of the rehab will be determined by M.D. and radiographic healing.
- ❖ RTS clearance by M.D. only after a functional sport test is performed and all deficiencies are addressed.

For any questions or concerns regarding the protocol or rehabilitation process please contact:

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