

TROCHLEOPLASTY, MPFL RECONSTRUCTION, & LATERAL RETINACULAR LENGTHENING REHABILITATION PROTOCOL

This protocol is a general outline. "As tolerated" refers to no increased sharp pain, swelling, or other undesirable factors. If any of these occur, decrease activity level and ice. Progression and return to sport may vary between individual patients, and will be guided by your provider's team (physician, physician assistant, athletic trainer, therapist) input and appropriate testing.

WEEKS 0-2: HEALING PHASE

Weight-bearing:

- Weight-bearing as tolerated (WBAT) with crutches

Brace:

- Knee immobilizer until first post-op visit
- No brace

Range of Motion (ROM):

- Full ROM as tolerated
- Crepitus is normal/expected for up to 6-8 weeks

Therapeutic Exercises:

- Gait training
- Strengthening/Neuromuscular training:
 - Quad, glute, hamstring sets
 - Open chain hip strengthening
 - Multi-angle isometrics
 - Weight shifting, proprioceptive drills, Balance training
- Initiate stationary bike immediately

Manual Therapy and Modalities:

- Patellar mobilization, soft tissue mobilization, edema management
- Cryotherapy (ice), compression

WEEKS 2-6: ADVANCED/AGGRESSIVE HEALING PHASE

Weight-bearing:

- Continue to full WBAT. Discontinue crutches with minimal to no limp

Range of Motion (ROM):

- Aggressive AROM/PROM to full ROM
- At least 90° by weeks 2-4

Therapeutic Exercise:

- Progress weight bearing proprioceptive and reactive neuromuscular retraining,
- Open chain isotonic exercises within available ROM
- Continue with hip, core and glute strengthening
- Stationary bike

Manual Therapy and Modalities:

- Patella mobilization, scar tissue mobilization, tibiofemoral mobilization, Edema management, Soft tissue mobilization
- Persistent swelling is expected for up to 3 months
- Cryotherapy, compression

Progression Criteria:

- ROM from 0-120 degrees

WEEKS 6-12: STRENGTHENING PHASE

Range of Motion (ROM):

- Maintain full ROM

Therapeutic Exercise:

- Continue proprioceptive training
- Progressed closed chain strengthening:
 - Mini squats,
 - Closed chain hip strengthening,
 - Eccentric quad strengthening
- May begin light impact activities weeks 8-12 if full ROM and no limp

Manual Therapy and Modalities:

- As needed
- May still have swelling which is normal

Progression Criteria:

- Good eccentric control
- Full ROM

WEEKS 12-24: ADVANCED STRENGTHENING PHASE

Therapeutic Exercise:

- Progress from single plane to multi plane exercise
- Initiate running and plyometric training when good eccentric quad control is demonstrated
- Impact activities starting double leg and progressing to single leg as tolerated
- Sport specific drills

Manual Therapy and Modalities:

- As needed
- Compression and elevation for any continued swelling

MONTHS 3-9: RETURN TO PLAY PHASE

- Clearance will be decided by surgeon and progressed with physical therapist
- Specific return to sport protocols may be found on our website under "Home Exercise Programs" with 14 sports that include sport specific skills and drills