



Sports Medicine, Joint Preservation & Cartilage Restoration

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HIP, KNEE, SHOULDER, ELBOW

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Medial Patellofemoral Ligament Reconstruction with Tibial Tubercle Osteotomy

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> • Manage swelling and pain • Protect surgical site • Achieve quadriceps/hamstring/glute activation • Symmetric knee extension by week 2 • Moderate irritability of knee (wks 0-2) <ul style="list-style-type: none"> ◦ Swelling is improving ◦ <5/10 pain • Low irritability of knee (wks 2-6) <ul style="list-style-type: none"> ◦ Minimal swelling with activities ◦ <2/10 pain 	<ul style="list-style-type: none"> • Weight bearing (heel to flat) <ul style="list-style-type: none"> ◦ Weeks 0-6 TWB ◦ Locked in extension while WB ◦ Ambulate with crutches and brace • ROM restrictions: <ul style="list-style-type: none"> ◦ 0-90 knee flex AAROM to AROM ◦ PASSIVE knee extension only 	<ul style="list-style-type: none"> • PRICE • Quadriceps/hamstring, glute activation should be emphasized • Ankle: range of motion and strength • Cryotherapy/Modalities as indicated • Initial visit: FOTO, LEFS, PRO • OKC strengthening: <ul style="list-style-type: none"> ◦ Hip: all planes of motion ◦ Ankle: all planes of motion • Week 6: FOTO, LEFS, PRO
Weeks 6-8	<ul style="list-style-type: none"> • Full AROM by 8 weeks • Restore strength of quadriceps, hamstrings, hips • 	<ul style="list-style-type: none"> • Progress to WBAT beginning at wk 6 pending x-ray and MD visit; wean from crutches as able • Discontinue brace with adequate quad control • Avoid excessive loading of anterior knee (no patellofemoral pain) • No impact (running, cutting, pivoting) 	<ul style="list-style-type: none"> • Begin active knee extension as tolerated • Normalize gait • Initiate CKC exercises • Stationary bike • Cryotherapy/Modalities as indicated • Week 8: FOTO, LEFS, PRO
Weeks 8-12	<ul style="list-style-type: none"> • Ambulate community distances by 12 weeks without assistive devices • No effusion in knee • Restore total leg strength 	<ul style="list-style-type: none"> • Avoid loaded range of motion (>90°) • No impact (running, cutting, pivoting) 	<ul style="list-style-type: none"> • Progress CKC into greater ROM (<90°), single leg, multi-planar, and with resistance as tolerated • Initiate proprioceptive training • Initiate pool if accessible • Week 12: FOTO, LEFS, PRO • Can begin medial/lateral patellar mobilizations
Weeks 12-16	<ul style="list-style-type: none"> • Preparation for more advanced exercise/activity • Normalize asymmetries • 70% symmetry with isokinetic quad strength testing 	<ul style="list-style-type: none"> • Avoid loaded range of motion (>90°) • Proper exercise form and control during exercise performance • No impact (running, cutting, pivoting) 	<ul style="list-style-type: none"> • Progress strength, endurance, and proprioception • Advance cardiovascular conditioning <ul style="list-style-type: none"> ◦ Elliptical trainer • Week 16: SGYM with testing <ul style="list-style-type: none"> ◦ Y- balance ◦ Body weight single leg press ◦ Humac testing (90/180 deg/sec) ◦ FOTO, LEFS, PRO
Weeks 16+	<ul style="list-style-type: none"> • Begin impact training once cleared by MD (jumping, running etc.) • Unrestricted return to activity (Months 6-9) 	<ul style="list-style-type: none"> • Avoid running/jumping on a painful or swollen knee • Avoid cutting, pivoting, and high intensity plyometrics until wk 20 • Proper form and control during exercise performance 	<ul style="list-style-type: none"> • Can begin loading beyond 90° as tolerated • Can begin linear jogging and light impact <ul style="list-style-type: none"> ◦ Avoid cutting, pivoting until week 20 • Anticipated final visit: SGYM with testing <ul style="list-style-type: none"> ◦ Y- balance ◦ Humac testing (90/180 deg/sec) ◦ Single leg vertical jump ◦ Single leg hops: for distance, triple hop • FOTO, LEFS, PRO

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.
Each patient's progress may vary based on specifics to their injury and procedure.



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