Patellofemoral stabilisation

Patellofemoral stabilisation encompasses procedures such as medial patellofemoral ligament (MPFL) reconstruction, lateral release, and tibial tubercle transfer (TTT).

Before surgery

Pre-operative rehabilitation is recommended.

After surgery

Our care is specifically tailored to each patient, which allows recognition and modified care for those patients who may progress slower than others. Our rehabilitation protocols are 'milestone driven' designed to provide rehab guidance for all our patients. The aim is to limit unnecessary visits to the rooms and help to identify when specialist review is required.

Rehabilitation protocol

Some of the physiotherapy terms may be unfamiliar to you now. They will become clear as you work with your physiotherapist.



Phase 1: Initial Rehabilitation

- Minimise swelling and inflammation
- Start quadriceps muscle training
- Walk unaided

Time after	Physiotherapy/Support
Day 1-7	The first phase of rehabilitation starts immediately after surgery. During the first week you can expect the following.
	 Weight bearing status: Weight bearing as tolerated with the support of two crutches and a range of motion (ROM) brace, locked at 0-30 degrees of flexion.
	Range of motion: • ROM brace locked at 0-30 degrees of flexion
	Therapy and Exercises
	 Swelling and inflammation control Cryotherapy (ice) Non-steroidal anti-inflammatories (NSAIDs) Elevation Ankle pumps
	 Muscle retraining Quadriceps isometrics Straight leg raises Hip adduction
R	 Flexibility Hamstring stretches Calf stretches



Phase 2: The Acute Rehabilitation Phase

- Control swelling and inflammation
- Gradual improvement in range of motion
- Quadriceps strengthening (especially the vastus medialis (VMO) muscle)

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Time after	Physiotherapy/Support
surgery	
1-6 weeks	During this phase, you can expect the following: Weight bearing status:
	 Discontinue crutches when appropriate Weight bearing as tolerated with ROM brace locked to a comfortable flexion limit
	 Range of Motion At least 60 degrees of flexion (week 2) At least 90 degrees of flexion (week 4)
	 Full flexion (week 6-8) NB rate of progress is based on swelling/inflammation
	Therapy and Exercises:
	 Inflammation control Continue use of ice, compression and elevation as needed
	 Muscle Retraining Electrical muscle stimulation to quads Quad setting isometrics
	 Straight leg raises (flexion) Hip adduction Knee extension 60-0 degrees, pain free arc
V)	 Bicycle* (stationary, in brace) if range of motion/swelling permits Proprioceptive training *
	Flexibility
	Continue hamstring and calf stretchesInitiate quadriceps muscle stretching



Phase 3: Moderate Protection

- Eliminate any joint swelling
- Improve muscle strength and control without exacerbation of symptoms
- Functional exercise movements
- Wean off brace

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Time after	Physiotherapy/Support
surgery	
6-12 weeks	To advance to this phase you need to have:
	Minimal inflammation and pain
	Near full range of motion
	Strong quadriceps contraction
	Once you've achieved these criteria, over the next 6 weeks,
	you can expect the following.
	Therapy and Exercises
	Inflammation control
	 Continue use of ice, compression and elevation as
	needed
	Muscle Retraining
	 Continue muscle stimulation to quadriceps (if needed) Quadriceps setting isometrics
	4-way hip machine (hip adduction, abduction,
	extension, flexion)
2	Lateral step-ups, if able
	Front step-ups, if able
	Squats against wall* (0-60 degrees) Squats against wall* (0-60 degrees) Squats against wall* (0-60 degrees)
	Knee extension (90-0 degrees), pain-free arc Riguela
X Y	Bicycle Be a large and the second of t
	Pool program* (walking, strengthening, running)Proprioceptive training
	,,
/	Flexibility
	Continue all stretching exercises for lower extremity

^{*}If you can perform pain free.



Phase 4: Minimal Protection

- Achieve maximal strength and endurance
- Functional activities and drills

Time after	Physiotherapy/Support
surgery	Thysiomerapy/soppon
12-16 weeks	 To advance to this phase you need to have: Full, non-painful range of motion No swelling or inflammation A knee extension strength that is 70 % of your other knee. During the next 4 weeks you can expect:
	Therapy and Exercises
	Inflammation control
	Continue use of ice as needed
	 Muscle Strengthening Wall squats (0-70 degrees) pain-free arc Vertical squats * (0-60 degrees) Leg press Forward lunges Lateral lunges Lateral step-ups Front step-ups
	 Knee extension pain-free arc Hip strengthening (4 way) Bicycle Stairmaster Proprioception drills
O >	 Sport specific functional drills (if you're a competitive athlete) Jogging program
7	Flexibility
	Continue all stretching exercises for lower extremity



Phase 5: Return to activity

Goal:

• Functional return to work and/or sport

Physiotherapy/Support
To advance to this phase you need to have:
Full, non-painful range of motion
 An appropriate level of strength (>80% of your other leg)
A satisfactory clinical examination
During this phase you can expect the following
Exercises • Functional drills
Continue jogging/running program
Strengthening exercises (selected)
Flexibility exercises