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### **Physical Therapy Prescription**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: Right/Left MPFL Reconstruction with Semi-T Hamstring Allograft

Date of Surgery: \_\_\_\_\_

- Evaluate and Treat – no open chain or isokinetic exercises
- Provide patient with home exercise program
- Weeks 1-6 – Period of protection
  - ◆Weight bearing/Ambulation as tolerated with brace locked in extension
  - ◆ROM – Initiate ROM 0-30 degrees, progressing as tolerated to 90 degrees.
  - ◆Patellar mobilization (gentle)
  - ◆Strengthening – quad sets, SLRs with knee locked in extension. Ankle pumps and light ankle isotonic with therabands.

- Weeks 6-12
  - ◆ROM – Continue with daily ROM exercises, progressing to full ROM
  - ◆Transition out of post-op brace to Patella Stabilizing Knee Sleeve
  - ◆Strengthening – closed chain quad sets, bike, elliptical, balance and proprioception exercises
  - ◆Gait Training

\*\*\*No running until cleared by provider\*\*\*

- Weeks 12-18
  - ◆Advance strengthening as tolerated, continue closed chain exercises. Increase resistance on equipment. Can isolate single legged strengthening
  - ◆Continue to progress with balance and proprioception exercises, Focus on hip/core strengthening
  - ◆Initiate agility training (figure 8s, cutting drills, quick start/stop, etc.).
  - ◆Begin plyometrics and increase as tolerated, monitor for valgus.
  - ◆Begin to wean patient from formal supervised therapy encouraging independence with home exercise program.

- Other:
  - Modalities
    - Electric Stimulation
    - Ultrasound
    - Heat before/after
    - Ice before/after exercise
  - May participate in aquatherapy after week three, begin swimming/running week 6.

Frequency: \_\_\_\_\_ x/ week x \_\_\_\_\_ weeks

Signature: \_\_\_\_\_

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.