



# Tibial Tubercle Osteotomy and MPFL Reconstruction Rehabilitation Protocol

**Chris Schaefer, M.D.**

**Diagnosis:** Right/Left Tibial Tubercle Osteotomy and MPFL Reconstruction \_\_\_\_\_

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

## **Weeks 0-2**

Weightbearing: toe touch weightbearing

Brace: locked in extension when ambulating; on at all times during day and while sleeping

ROM: 0-90 out of brace at home

Exercises: calf pumps, quad sets; straight leg raise in brace, modalities

## **Weeks 2-6**

Weightbearing: toe touch weightbearing

Brace: open from 0-90, may remove at night

ROM – maintain full extension and progress flexion

Exercises: progress non weightbearing flexibility; begin floor-based core, hip and glutes work; advance quad sets, patellar mobilization, and straight leg raise

Modalities prn (ie electrical stimulation, ultrasound, etc) per discretion of therapist.

## **Weeks 6-8**

Weightbearing: advance 25% weekly and progress to full with normalized gait pattern

Brace: open to range of motion as tolerated

ROM – progress as tolerated to full

Exercises: advance closed chain quads, progress balance, core/pelvic and stability work; may begin stationary bike at 6 weeks; advance SLR, floor-based exercises

## **Weeks 8-16**

Weightbearing: full weightbearing as tolerated

Brace: wean from brace

ROM: progression to full ROM

Exercises: progress flexibility and strengthening; progression of functional balance, core, glutes program; advance bike after 12 weeks; add elliptical and swimming after 14 weeks

## **Weeks 16+**

Continue strengthening/flexibility; maximize single leg dynamic and static balance

Glutes/pelvic stability/core + closed chain quad program and HEP independent

Initiate sport-specific agility drills and functional testing after 16 weeks once cleared by MD

Progress running/agility program at 5 months

Return to high impact activities at 6-9 months if cleared by MD