

Dax Varkey MD, MPH Caroline McBane PA-C 1130 N. Church Street, Suite 100 336-375-2300 (tel) 336-375-2314 (fax)

Patient:	Date of Surgery:
<u>Proced</u>	ure: Right/Left MPFL reconstruction
	ated Procedure (circled if applicable): Meniscectomy/Meniscal Repair, microfracture, e transplantation
Special	Instructions:
	Weight bearing: WBAT, wean from crutches by POD10 Brace: Hinged brace locked in extension. ROM: Immediate passive ROM to tolerance, active knee flexion as tolerated, avoid active knee extension. Goal 90° by 4 weeks. Ice: Not directly on skin. Recommend as much as possible. 5x/day, 20 min/session for first 2 weeks. Then after activity at minimum. Exercises: Gentle quad sets, co-contraction, isometric quad/hamstring strengthening in extension and at knee flexion >60°. SLR with brace in extension.
	Weight bearing: Full Brace: Discontinue if good quad control. If struggling at 4 weeks unlock to 0-30° and then 5 weeks 0-90° discontinuing at week 6. Removed for sleeping at week 4. ROM: Passive ROM as tolerated with gentle end range stretching. AROM and AAROM to tolerance without resistance. Ice: Not directly on skin. Recommend as much as possible at minimum after PT. Exercises: Once no lag on SLR and no limp during gait (usually by 6 wks), can begin closed-chain quad/core and hamstring strengthening as follows: for weeks 4-6, only do strengthening with knee bent 60 degrees or more; after 6 weeks, can begin to advance closed chain strengthening at progressively greater degrees of extension (advance ~20 degrees per week, such that strengthening is done from full extension to full flexion by 3 months).
	Weight bearing: Full Brace: None ROM: No limitation. Aggressive end range stretching if full ROM not yet achieved. Exercises: Progress closed chain patellofemoral strengthening without limits. Begin treadmill walking and progress with balance and proprioception. Jogging: Begin straight ahead jogging program if core and hip strength appropriate at 3-3.5 post-op. Sports: Release to sport between 3.5-5 months when full motion and strength obtained.
Freque	ncy:x/week xweeks
By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.	
Date:	
Da	x Varkey MD, MPH

V 24 01 03