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MPFL RECONSTRUCTION THERAPY PRESCRIPTION

Patient Name:

Date:

Dx: s/p LEFT or RIGHT MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION

WEEK 1

- ___ Full Extension in Bledsoe Brace locked @ 0 degrees
- ___ Ambulate TTWB with Bledsoe Brace locked @ 0 degrees
- ___ Dressing change
- ___ Cryotherapy prn
- ___ Passive ROM 0°-90°
- ___ CPM 0°-90° for 6 weeks (3-4 hrs/day)

WEEKS 2-6

- ___ Progress to FWB with Bledsoe locked @ 0 degrees in Full Extension for first 6 weeks
- ___ Progress ROM in Bledsoe 0°-90° as Quad tone and strength increase over 6 week period
- ___ Passive ROM 0°-120° degrees MAX (Active Flexion / Active Extension)
- ___ Straight Leg Raises (in Bledsoe) / Quad Sets
- ___ Quadricep Isometrics @ 0°-90°
- ___ Stationary Bike – OK out of Bledsoe Brace (low ROM, raised seat)
- ___ Modalities prn (Biofeedback unit, E-stim)

WEEKS 6-8

- ___ Quadricep Isotonics
- ___ PRE's - Hip Abductors / Adductors, Hamstrings

OTHER INSTRUCTIONS:

**Please send progress notes.

Treatment: _____ per week _____ Home Program
Duration: _____ weeks

Signature: _____

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