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**CENTRAL INDIANA  
 ORTHOPEDICS**

**PHYSICAL THERAPY PRESCRIPTION AND PROTOCOL:  
Patellar Stabilization Procedures**

**What was done:** Tibial tubercle osteotomy MPFL repair / reconstruction

**Phase I – Maximum Protection (Week 0-2):**

- Ice and modalities as needed to reduce pain and inflammation.
- Elevate the knee above the heart for 3-5 days
- Brace: locked in full extension for sleeping and ambulation; unlock 0-30° for ROM / exercises
- ROM: 0-30° maximum flexion
- Weight bearing:
  - Brace locked in extension for all
  - If tibial tubercle osteotomy – TOE TOUCH ONLY
  - If no tibial tubercle osteotomy – WBAT with brace locked in extension
- Crutches at all times for all patients
- Strengthening: Quad NMES, quad sets, SLRs in brace, ankle pumps, ankle theraband, isometric hip adduction / abduction

**Phase II: Moderate Protection, Increase ROM and Strengthening (Weeks 2-6):**

- Continue with modalities as indicated.
- Weight bearing:
  - Brace locked in extension for all
  - If tibial tubercle osteotomy – TOE TOUCH ONLY, crutches at all times
  - If no tibial tubercle osteotomy – WBAT with brace locked in extension, may wean crutches

***WEEKS 2-4:***

- Brace: May unlock 0-60° night and day (except locked 0° for ambulation)
- ROM: 0-60° maximum flexion

***WEEKS 4-6:***

- Brace: May unlock 0-90° night and day (except locked 0° for ambulation)
- ROM: 0-90° maximum flexion

- Strengthening: Continue quad NMES, quad sets, SLRs in brace, ankle pumps, ankle theraband; may now also add AAROM leg extension (no resistance) within specified limits



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**Phase III: Minimal Protection (Weeks 6-12):**

- Continue with modalities as indicated.
- Weight bearing: Osteotomy patients may advance to weight bearing as tolerated (pending physician review of radiographs.)
- Brace:
  - If no osteotomy – may discontinue post-operative brace
  - If osteotomy – discontinue brace pending physician review of radiographs
  - All patients may get PF stabilizing brace at physician discretion
- Wean crutches for all patients
- ROM: Advance all patients to full ROM as tolerated
- Strengthening: Straight leg raises without brace, partial wall sits / squats (max 60° flexion), terminal knee extension with theraband (no greater than 60° degrees), continue previous exercises.
- May start low resistance stationary bike

**Phase IV: Advanced Strengthening (Weeks 12-?):**

- Continue modalities as needed
- Forward and backward walking on treadmill
- Continue all stretching
- Initiate light plyometric training
- Advance closed chain strengthening exercises, focus on single leg strength
  - Wall Squats – within painfree arc
  - Leg Press
  - Forward Lunges, Lateral Lunges
  - Front Step-ups, Lateral Step-ups
  - Knee Extension – within painfree arc
  - Hip Strengthening (4 way)
  - Bicycle
  - Stairmaster
- Proprioception drills
- At 16 weeks: May begin jogging / running program, implement sport-specific multi-directional drills

Frequency: 2-3x per week

Duration: 12-16 weeks