



Post-Operative Rehabilitation for Tibial Tubercle Osteotomy and MPFL Reconstruction

Phase I

- 0-2 Weeks: (***Emphasis on ROM and pain/swelling control***)
- Typically minimal activities for first 7 days post-op to minimize swelling.
- Ice nearly continuously for first 2 weeks, and frequently thereafter
- ***Heel touch weight bearing only with brace locked in extension***
- Must wear brace at all times except for hygiene
 - Unlocked 0-90° when sitting or awake
 - Locked in full extension when asleep or up on crutches
 - ***Goal is symmetric extension (including hyperextension) and approximately 90° flexion by 2 weeks***
- Heel props (5 times/day for 10 min, each)
- SLR supine in brace, quad sets
- Ankle Pumps, calf towel stretches, gentle patellar mobilizations

Phase II

- 2-6 Weeks (***Progress Range of Motion***)
- ROM Goal: Full symmetric extension and at least 125 degrees flexion by week 6
- Heel touch weight bearing until week 6
- Brace can be unlocked 0-90° at all times
- Floor based core, gluteal, hip strengthening
- Patellar mobilizations
- SLR, may perform out of brace once there is adequate quad control
- Scar massage/mobilization once incision is completely healed (usually around week 3-4)

Phase III (Progression of weight bearing)

- 6-10 Weeks:
- May discontinue brace
- Progress weight bearing 25% per week starting at week 6 until full weight bearing by week 10
- May initiate stationary bike
- Continue with core, gluteal and hip strengthening

- Progress to full knee ROM (should be symmetric to contralateral by end of this phase)
- Minimize swelling

Phase IV (Progressive strengthening phase)

- 10-16 weeks:
- Should be full weight bearing with normal gait at this point
- Range of motion should be nearly symmetric
- Continue with patellar mobilizations