

Medial Patellofemoral Ligament Reconstruction/ Repair
Saint Louis University SSM Health Physical Therapy Orthopedic Residency

These guidelines, treatments, and milestones have been established to assist in guiding rehabilitation based on the most current available evidence. They are not intended to be substitute for sound clinical judgement with consideration of the individual contextual features of the patient and the demands of various functions/sports.

Additional recommendations with additional procedure of Tibial tubercle osteotomy

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Single leg stance >30 sec without deviation of hip ~~drop~~
valgus or over 88 T 495.84 701.62 Tm 0 0 1 529.08 38.88 Tm(0 1 1ro)-2

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Adapted from: 2013 ISAKOS Sports Medicine Committee Return Criteria, London 2013

- No concerns of knee pain or knee instability
- Full/ near full AROM of knee
- No knee effusion
- Acceptable control with dynamic activities (Star Excursion Balance Test)
- Limb Symmetry Index >85% on hop tests
- Full Strength on MMT assessment of LE
- Athlete demonstrates a psychological readiness to return to sport (eg SANE score > 80/100)

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For additional questions, comments, or concerns regarding the implementation of these physical therapy guidelines please contact Chris Sebelski, PT, DPT, PhD, OCS, Director of SLU SSM Health Physical Therapy Residency @ 314 977 8724 OR chris.sebelski@health.slu.edu

Please respond to our anonymous survey regarding these guidelines to assist in improving patient care and advocacy. https://slu.az1.qualtrics.com/jfe/form/SV_bpX7Z9AaVTzGblj

Appendices of referenced assessments

References:

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stabilization surgery for recurrent lateral patellar instability in competitive athletes Knee Surg
Sports Traumatol Arthrosc 2018;26(3):71-718. doi:10.1007/s00167-016-4409-2
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