POST-OPERATIVE PROTOCOL

MPFL Reconstruction or Repair

Surgery for a torn medial patellofemoral ligament (MPFL)

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This sheet takes you through your recovery after an operation on the medial patellofemoral ligament (MPFL) of your knee: from leaving hospital until your first physiotherapy appointment, and then phase by phase. The first aims are to get the knee straight, to start bending it again (only to a right angle for 4 weeks), and to wake up the thigh muscles; strength, and then sport, are built up gradually over the following months.

CRUTCHES	EXERCISES	BENDING	STRAIGHTENING
Until advised	**3 times a day**	**Up to 90° for 4 weeks**	**1 hour each evening**

Your operation

The medial patellofemoral ligament (MPFL) is a strong band on the inner side of the knee, running from the kneecap to the thigh bone. It holds the kneecap in its groove at the front of the knee, and stops it slipping out towards the outer side. When the kneecap does slip out of place (a dislocation), often during sport or after a fall, this ligament can tear. After that, the kneecap can keep slipping out, or feel wobbly.

If the ligament can be mended, the surgeon stitches it back onto the bone (a repair). If it is too badly damaged, the surgeon makes a new ligament from a piece of tendon from your leg (a reconstruction). Either way, this is done through small cuts around the knee.

The main aim is to stop the kneecap slipping out; the operation may also ease pain, but that is not its main purpose. The ligament then takes several months to heal firmly, which is why the knee is protected at first, and why your recovery and your return to sport are built up step by step.

Walking and your crutches

- You will be given crutches, and shown how to use them before you go home.
- Use them until your physiotherapist tells you that you can stop. They control the load on your knee, and help you to walk normally sooner.
- Put as much weight on the leg as is comfortable, unless you are told otherwise. If another procedure, such as moving the bony point below the kneecap or repairing cartilage, was done at the same time, Dr Malik will tell you how much.
- If you were given a knee brace, wear it as you were told.
- In the first days, rest more than you walk, and avoid anything that makes the knee more painful.

While the ligament heals, avoid

- Bending the knee beyond a right angle (90°), for the first 4 weeks, in your exercises and in everyday life. After that, bend it gradually further, as comfort allows.
- Kneeling on the operated knee, for about 3 months.
- Deep squats, for example squatting on the floor or on an Indian-style toilet, until your physiotherapist adds them; shallow squats are part of the strengthening from about 6 weeks.
- Twisting or pivoting on the leg, and sudden turns, until your physiotherapist adds them, usually not before about 4 months.

Easing pain and swelling

- Take your painkillers regularly, as prescribed: good pain relief makes the exercises and walking easier. If the pain is not controlled, contact the clinic.
- Use anti-inflammatory medicines, such as ibuprofen, only sparingly, as some may slow the healing of the ligament: other painkillers, such as paracetamol or tramadol, are preferred.
- Raise the leg when you rest, lying down with pillows under your calf and heel, so that the heel is higher than your hip. Do not rest with a pillow under the knee: let it stay straight.
- An ice pack wrapped in a thin towel, for up to 20 minutes at a time, several times a day, eases pain and swelling; so does a stretchy bandage. Keep the dressings dry.

Getting back to everyday life

- Driving: ask your doctor before you drive again. When you can depends on your progress, and on feeling confident that you can control the car safely, including an emergency stop.
- Work: when you can go back depends on your job; ask at the clinic before you return.
- Exercise bike: gentle cycling, with no resistance at first, once your physiotherapist agrees.
- Sport: your return to sport is built up gradually, and planned separately for each person, depending on the sport and what it demands of your knee.

CONTACT THE CLINIC URGENTLY IF

- You have a fever, or feel unwell.
- The wound becomes red, hot or more swollen, or starts to leak.
- The pain suddenly gets much worse, or your painkillers are not controlling it.
- Your foot goes numb, or your toes turn cold, pale or blue.
- You have pain or swelling in your calf.
- You have a fall, or the kneecap slips out of place, or the knee suddenly feels different.

Clinic: +91 99197 03477. If you are short of breath or have chest pain, go to the nearest emergency department straight away.

BEFORE YOU BEGIN

- Start these exercises on the day after your operation, unless you are told otherwise. For the first 4 weeks, bend your knee only up to a right angle (90°) in every exercise.
- Little and often is best in the first days. Move slowly and smoothly, and never force the knee.
- Some aching, stretching or discomfort during the exercises, and for up to 30 minutes afterwards, is normal. If the pain increases a lot, do them less often and do fewer, and tell your physiotherapist.
- The timings are a guide. Follow these exercises as they are written unless Dr Malik tells you otherwise.
- This sheet does not replace individual advice. If it differs from what you were told in clinic, follow the advice you were given there.

WEEKS 0–2

Phase 1: Getting the knee moving

These exercises are for the time from leaving hospital until your first physiotherapy appointment. The aims are to get the knee straight, to start bending it again, only up to a right angle (90°) for the first 4 weeks, and to wake up the thigh muscles. Getting the knee straight early matters most: a knee that stays bent becomes harder to straighten later.

01 Tightening the thigh muscle

Waking up the muscle at the front of the thigh, which straightens the knee.

1. Sit with your legs up on the bed or sofa, with a rolled-up towel or a small pillow under your operated knee.
2. Pull your foot up towards you, and press the back of the knee down into the towel, so that the knee straightens.
3. Keeping the knee on the towel, lift your heel about a centimetre off the bed. Hold, then relax.

HOLD	REPETITIONS	HOW OFTEN
10 to 15 seconds	10 to 15	3 times a day

02 Bending the knee, sitting

Getting the knee bending again, with your other leg helping.

1. Sit on a chair with both feet on the floor.
2. Slide the foot of your operated leg back under the chair, bending the knee as far as you can: for the first 4 weeks, only up to a right angle (90°).
3. Cross your other leg in front of it at the ankle, and use it to push your operated foot further back, staying within that limit. Hold, then relax.

HOLD	REPETITIONS	HOW OFTEN	FIRST 4 WEEKS
5 to 10 seconds	10 to 15	3 times a day	Up to 90°

03 Heel raises

Strengthening the calf, and getting used to taking weight on the leg.

1. Stand holding on to a kitchen worktop or the back of a sturdy chair.
2. Push up onto your toes, hold, then lower slowly.
3. When this is easy, do it standing on your operated leg only.

HOLD	REPETITIONS	HOW OFTEN
5 to 10 seconds	10 to 20	3 times a day

04 Sit to stand

Strengthening the thigh and hip muscles for everyday tasks.

1. Sit on a firm chair, with your arms crossed over your chest.
2. Stand up, then sit down again slowly, keeping your weight even on both legs.
3. A higher chair makes this easier and bends the knee less: for the first 4 weeks, use one high enough that your knee bends no more than a right angle.

REPETITIONS	HOW OFTEN
2 to 3 sets of 10	3 times a day

05 Straightening the knee

Getting the knee straight, which matters most in the early weeks.

1. Sit with your operated leg out in front of you, the heel resting on a rolled-up towel or a cushion, so that the back of the knee is not supported. You can also rest your heel on a stool.
2. Place your hand just above the kneecap, and press gently to push the knee straight.
3. Hold, then relax.

HOLD	REPETITIONS	HOW OFTEN
20 seconds	4	3 times a day

06 Keeping the knee straight, each evening

Letting the knee settle into a straight position for longer.

1. Each evening, sit as in exercise 05, with your heel propped up and the back of the knee unsupported.
2. Stay like this for about an hour, for example while you ice the knee or watch television.
3. If the knee aches, bend it a few times to ease it, then go back into the position until the hour is up.

HOLD	HOW OFTEN
About an hour	Each evening

> **MOVING ON** Move on after your first physiotherapy appointment, once your physiotherapist has checked your knee.

WEEKS 2–6 Phase 2: Walking normally

Your physiotherapist will check your knee and build on these exercises. Keep working on straightening and bending the knee: from 4 weeks, you can bend it gradually beyond a right angle, as comfort allows. As the swelling settles, put more weight on the leg; you can stop using the crutches when your physiotherapist agrees, usually once you can walk without a limp. Walking, and gentle cycling once the knee bends far enough, help the blood flow to the knee.

FROM 6 WEEKS Phase 3: Getting stronger

Your physiotherapist will build up the strength, balance and control of your leg, step by step. Running, jumping and turning are added only when your knee is ready, and when your physiotherapist and Dr Malik agree. Your return to sport is planned separately for each person, depending on the sport and what it demands of your knee.

What to expect

Your knee will be sore and swollen for some weeks, and physiotherapy may continue for up to 6 months: steady, regular exercise is what makes the difference. Most people make a good recovery and return to their normal activities without the kneecap slipping out again, although the knee may not feel quite as it did before the first injury. The aim is a stable knee that bends and straightens as freely and as far as it allows, which varies from person to person.

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