



Rehabilitation after MPFL reconstruction

Medial patellofemoral ligament (MPFL) reconstruction for kneecap instability

MPFL reconstruction rebuilds the ligament that holds the kneecap in place, to stop it dislocating. The new ligament needs protecting while it heals into the bone. Your team will confirm the details of your programme, especially if other procedures were done at the same time.

At a glance

Weight bearing	As advised by your team, usually with the knee held straight in the brace at first
Brace	Hinged knee brace for the early weeks
Knee bend	Movement from 0-90° to start with, increased as advised
Walking aids	Crutches for the early weeks
Normal daily function and sport	Around 6 months

Your recovery, stage by stage

Protection phase **Weeks 0-6**

- Wear the brace as instructed and use crutches.
- Put weight through the leg as advised, with the brace locked straight unless told otherwise.
- Start gentle knee bending from 0° to 90° in the brace, as shown by your physiotherapist.
- Focus on getting the knee straight, controlling swelling and switching the thigh muscles back on.

Restoring movement and strength **Weeks 6-12**

- The brace and crutches are reduced with your physiotherapist's guidance.
- Knee bend is gradually increased towards normal.
- Strengthening of the thigh, hip and core muscles, with balance and control work.

Progressive loading **3-6 months**

- More demanding strengthening and, when advised, jogging and agility work.
- Return to normal function and sport is usually at around 6 months, once strength and control are restored.

Early exercises

Ankle pumps

Point your feet up and down briskly, 10-20 times every hour while awake. This helps circulation and reduces the risk of blood clots.

Static quads

Lying or sitting with the leg straight, tighten the muscle on the front of the thigh to push the back of the knee down. Hold 5 seconds, relax. Repeat 10 times.

Straight leg raise (in brace)

With the brace locked straight, tighten the thigh muscle and lift the leg about 15 cm. Hold 5 seconds. Repeat 10 times.

Buttock squeezes

Squeeze your buttock muscles together, hold 5 seconds, relax. Repeat 10 times.

Looking after yourself

Wound care

Keep the dressing clean and dry. Stitches or clips are usually removed at around 10-14 days. Do not soak the wound in a bath, pool or hot tub until it has fully healed.

Pain relief

Take your pain relief regularly in the early weeks, as prescribed, particularly before exercising. Reduce it gradually as the pain settles.

Assisted knee bending (0-90°)

Gently bend the knee within the range you have been allowed, then straighten.

Swelling

Rest with the leg raised, and use an ice pack wrapped in a towel for 15-20 minutes several times a day. Swelling can last for weeks or months and is common.

Blood clot prevention

Follow the hospital's advice on blood-thinning medicine and stockings. Keep moving, do your ankle exercises, and drink plenty of fluids.

Sources. This guide is based on Mr Umar's practice and is guided by NICE and British Orthopaedic Association (BOA) guidance: NICE NG89: Venous thromboembolism in over 16s - reducing the risk; British Orthopaedic Association (BOA) - guidance and patient information.

When to seek urgent help

Call 999 or go to A&E if you have chest pain, sudden breathlessness or cough up blood.

Contact the hospital where you had your operation straight away (or NHS 111 out of hours) if you have:

- Pain, swelling or tenderness in the calf
- The wound becomes red, hot or increasingly painful, or leaks fluid after the first few days
- A temperature above 38°C, shivering or feeling generally unwell
- A sudden increase in pain or swelling, or you cannot put weight on the leg as advised
- New numbness, tingling, coldness or weakness in the leg or foot



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Questions about your recovery?

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This is general guidance. Always follow the specific instructions from your own surgical and physiotherapy team, as your programme may differ.

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