

# What kind of rehab program should I expect to follow after recon

**Q:** What kind of rehab program should I expect to follow after reconstruction surgery for a chronically dislocating knee? What programs might be.

**A:** Your postoperative rehabilitation program will be highly dependent on the surgical technique used to reconstruct the knee and learning how the patellar tracking mechanism really works (i.e., how the kneecap moves up and down over the knee).

Understanding normal patellar anatomy and kinematics (movement) will help surgeons repair and restore this part of the knee.

Many times, the medial patellofemoral ligament (MPFL) is torn and becomes the focus of repair or reconstruction. This ligament is important for the first 30 degrees of knee flexion. There are different ways to reattach (repair) this soft tissue structure. After so many years, it's difficult to reconstruct the tissue.

So, once again, rehab will be determined based on the procedure performed and surgeon preferences. Most likely, you'll be doing isometrics (contracting the muscle that attaches around the kneecap). Isometrics means the leg won't actually move while you contract the muscle.

You will be instructed by a physical therapist in how to perform isometrics, especially including straight-leg raises (lifting the leg while lying on your back) after surgery.

You may be allowed to put partial weight on that leg while wearing a splint or brace holding the knee in full extension. You'll be taught how to use crutches safely, efficiently, and effectively while walking.

In a few days after surgery, you may be allowed to start range-of-motion exercises. Gradually each component of rehab (walking, jogging) will be added. When you have sufficient motion, strength, and stability, then full activities are once again allowed. If you are a competitive athlete, a focus will be added to prepare you for your specific sport requirements.

Again, all of these things are variable depending on multiple factors. These can include the type of surgery you have, your surgeon's preferences, your attitudes, and approach to recovery.

Reference: Huijun Kang, MD, et al. Comparison of 2 Different Techniques for Anatomic Reconstruction of the Medial Patellofemoral Ligament. *Arthroscopy*. 2013;29(10):1013-1021.