medial patellofemoral ligament reconstruction

medial patellofemoral ligament reconstruction is a surgical procedure designed to restore stability to the patella, or kneecap, by repairing or reconstructing the medial patellofemoral ligament (MPFL). This ligament plays a critical role in preventing lateral dislocation of the patella and maintaining proper knee function. Injuries to the MPFL commonly occur due to trauma or repetitive stress, often resulting in patellar instability or recurrent dislocations. Medial patellofemoral ligament reconstruction is increasingly recognized as an effective treatment to address chronic patellar instability and to improve patient outcomes. This article provides a comprehensive overview of the indications, surgical techniques, rehabilitation protocols, and potential complications associated with MPFL reconstruction. Readers will gain insight into the anatomy involved, diagnosis criteria, and the latest advancements in surgical approaches for this essential knee ligament repair.

Anatomy and Function of the Medial Patellofemoral Ligament

The medial patellofemoral ligament is a key soft tissue structure located on the inner side of the knee, connecting the medial aspect of the patella to the femur. It serves as the primary restraint against lateral displacement of the patella, particularly during the initial degrees of knee flexion. The MPFL contributes approximately 50% to 60% of the total restraining force that prevents patellar dislocation. Understanding the anatomy and biomechanical role of the MPFL is essential for diagnosing injury and planning effective reconstruction.

Anatomical Structure

The MPFL originates from the medial femoral epicondyle and inserts along the superomedial border of the patella. It is a fan-shaped ligament with variable fiber orientation, which allows it to distribute mechanical forces efficiently during knee movement. Its anatomical proximity to other medial knee structures, such as the vastus medialis obliquus and medial retinaculum, underscores its importance in patellofemoral joint stability.

Biomechanical Role

During knee extension and early flexion, the MPFL functions to prevent the patella from shifting laterally. Injuries to this ligament often lead to increased lateral patellar translation, resulting in instability, pain, and functional impairment. The MPFL works in conjunction with bony architecture and muscular control to maintain congruence within the patellofemoral joint.

Indications for Medial Patellofemoral Ligament Reconstruction

Medial patellofemoral ligament reconstruction is primarily indicated for patients experiencing recurrent lateral patellar dislocations or chronic patellar instability that has not responded to conservative management. Accurate diagnosis and patient selection are crucial for successful surgical outcomes.

Recurrent Patellar Dislocation

Patients with a history of multiple lateral patellar dislocations often suffer from MPFL insufficiency. Conservative treatments such as physical therapy, bracing, and activity modification may be insufficient to restore stability. Surgical reconstruction is considered when instability persists despite nonoperative measures.

Chronic Patellar Instability

Chronic patellar instability may manifest as persistent subluxation, apprehension, or pain during activities involving knee flexion and extension. This condition is frequently associated with MPFL deficiency and can lead to cartilage damage and early osteoarthritis if left untreated.

Associated Risk Factors

Additional factors influencing the decision for MPFL reconstruction include:

- Patella alta (high-riding patella)
- Increased tibial tuberosity–trochlear groove (TT-TG) distance
- Trochlear dysplasia
- Generalized ligamentous laxity
- Malalignment of the lower extremity

Surgical Techniques for MPFL Reconstruction

Several surgical techniques have been developed for medial patellofemoral ligament reconstruction, each aiming to restore the ligament’s function while minimizing complications. The choice of technique depends on surgeon preference, patient anatomy, and the severity of instability.

Graft Selection

Autografts and allografts are commonly used for MPFL reconstruction. Common autograft sources include the gracilis tendon, semitendinosus tendon, and quadriceps tendon. Allografts may also be utilized to avoid donor site morbidity. The graft is fashioned to replicate the native MPFL in size and orientation.

Femoral and Patellar Fixation

Precise placement of the femoral tunnel is critical to reproduce the anatomical insertion of the MPFL and avoid graft malposition. Fixation techniques include interference screws, suture anchors, or buttons, depending on the graft type and surgical approach. On the patellar side, fixation must ensure secure attachment without compromising patellar integrity or causing fracture.

Open versus Arthroscopic Techniques

MPFL reconstruction can be performed through an open or minimally invasive arthroscopic-assisted approach. Arthroscopic techniques offer the advantages of reduced soft tissue disruption, smaller incisions, and potentially faster recovery. However, they require advanced surgical expertise and specialized equipment.

Step-by-Step Surgical Overview

1. Patient positioning and anesthesia administration
2. Incision and exposure of the medial knee structures
3. Harvesting and preparation of the graft
4. Identification of anatomical landmarks for femoral and patellar tunnels
5. Creation of tunnels and passage of the graft
6. Graft fixation with appropriate tensioning
7. Closure of incisions and application of dressings

Postoperative Rehabilitation and Recovery

Rehabilitation following medial patellofemoral ligament reconstruction is vital to restore knee function, strength, and range of motion while protecting the reconstructed ligament during healing.

Immediate Postoperative Care

In the initial phase, patients are typically immobilized with a knee brace and advised to limit weight-bearing activities. Cryotherapy and elevation help reduce swelling and pain. Early controlled motion is encouraged to prevent stiffness.

Physical Therapy Protocol

Physical therapy focuses on gradual restoration of knee flexion, quadriceps strengthening, and proprioceptive training. Key components include:

- Range of motion exercises progressing from passive to active
- Quadriceps activation and strengthening exercises
- Balance and neuromuscular control drills
- Gradual return to functional activities and sports-specific training

Timeline for Recovery

Typical recovery milestones include:

- 0–6 weeks: Protection of the graft with limited weight-bearing and brace use
- 6–12 weeks: Progressive increase in range of motion and strengthening exercises
- 3–6 months: Advanced strengthening and functional training
- 6–12 months: Return to full athletic activities, pending clinical evaluation

Potential Complications and Outcomes

While medial patellofemoral ligament reconstruction is generally safe and effective, understanding potential complications is essential for risk management and patient counseling.

Common Complications

Complications can arise from surgical technique, patient factors, or postoperative care. These include:

- Patellar fracture due to tunnel placement or fixation
- Graft failure or laxity leading to persistent instability
- Joint stiffness or arthrofibrosis
- Infection at the surgical site
- Persistent pain or discomfort

Long-Term Outcomes

Studies indicate that medial patellofemoral ligament reconstruction results in significant improvements in knee stability, pain reduction, and functional capacity. Patient satisfaction rates are high, especially when anatomical reconstruction is combined with correction of underlying anatomical risk factors. Long-term follow-up demonstrates the procedure’s effectiveness in preventing recurrent dislocations and delaying degenerative changes in the patellofemoral joint.

Frequently Asked Questions

What is medial patellofemoral ligament reconstruction?

Medial patellofemoral ligament (MPFL) reconstruction is a surgical procedure to repair or replace the MPFL, a key ligament that stabilizes the patella (kneecap) and prevents it from dislocating laterally.

When is medial patellofemoral ligament reconstruction recommended?

MPFL reconstruction is typically recommended for patients with recurrent lateral patellar dislocations or instability that have not responded to conservative treatments like physical therapy.

What are the common causes of MPFL injury requiring reconstruction?

Common causes include traumatic patellar dislocations, repetitive knee injuries, anatomical abnormalities such as trochlear dysplasia, or ligamentous laxity leading to patellar instability.

How is medial patellofemoral ligament reconstruction

performed?

The surgery involves harvesting a graft (often from the hamstring tendon), creating tunnels in the patella and femur, and securing the graft to reconstruct the MPFL, restoring stability to the kneecap.

What is the recovery time after MPFL reconstruction?

Recovery typically takes 3 to 6 months, with gradual rehabilitation focusing on range of motion, strength, and stability before returning to full activities or sports.

Are there any risks or complications associated with MPFL reconstruction?

Potential risks include infection, stiffness, graft failure, persistent instability, pain, and complications related to anesthesia, although serious complications are relatively rare.

How effective is medial patellofemoral ligament reconstruction in preventing patellar dislocation?

MPFL reconstruction is generally effective, with success rates above 85% in preventing recurrent patellar dislocations when combined with appropriate rehabilitation.

Can MPFL reconstruction be combined with other procedures?

Yes, MPFL reconstruction is often combined with procedures like tibial tubercle osteotomy or lateral release to address underlying anatomical factors contributing to instability.

What are the alternatives to MPFL reconstruction for patellar instability?

Alternatives include physical therapy, bracing, activity modification, and in some cases, other surgical procedures such as lateral release or trochleoplasty depending on the cause of instability.

What advancements have been made recently in MPFL reconstruction techniques?

Recent advancements include minimally invasive arthroscopic techniques, improved graft fixation methods, and personalized surgical planning using imaging to optimize outcomes and reduce complications.

Additional Resources

1. *Medial Patellofemoral Ligament Reconstruction: Techniques and Outcomes*
This comprehensive guide explores the surgical techniques involved in medial patellofemoral ligament (MPFL) reconstruction. It covers patient selection, preoperative planning, and postoperative rehabilitation protocols. The book also discusses recent advancements and long-term outcomes,

making it an essential resource for orthopedic surgeons and sports medicine specialists.

2. *The Patellofemoral Joint: Anatomy, Pathology, and Treatment*
Focusing on the patellofemoral joint, this book provides an in-depth analysis of its anatomy and common pathologies, including MPFL injuries. Detailed chapters describe diagnostic approaches and various treatment modalities, emphasizing ligament reconstruction. It is ideal for clinicians seeking a thorough understanding of patellofemoral disorders.

3. *Surgical Techniques in Knee Ligament Reconstruction*
This text offers detailed descriptions of surgical approaches for knee ligament reconstruction, with a dedicated section on MPFL reconstruction. It integrates anatomical illustrations and step-by-step instructions to enhance surgical precision. The book also highlights perioperative management and complication avoidance strategies.

4. *Patellar Instability and Medial Patellofemoral Ligament Repair*
Addressing the issue of patellar instability, this book delves into the causes, diagnosis, and surgical repair options of the MPFL. It discusses biomechanical principles underlying ligament reconstruction and reviews clinical case studies. The text serves as a practical guide for orthopedic residents and practicing surgeons.

5. *Advances in Sports Medicine: Knee Ligament Injuries and Reconstruction*
This volume covers contemporary research and clinical practices related to sports-related knee ligament injuries, including MPFL reconstruction. It discusses innovations in surgical techniques, graft choices, and rehabilitation strategies. The book is tailored for sports medicine professionals aiming to improve patient outcomes.

6. *Orthopedic Sports Medicine: Patellofemoral Disorders*
Providing a focused look at patellofemoral disorders, this book examines the role of MPFL reconstruction in managing recurrent patellar dislocations. It integrates clinical examination methods, imaging techniques, and surgical interventions. The text is suitable for orthopedic surgeons, physiotherapists, and sports medicine clinicians.

7. *Biomechanics of the Medial Patellofemoral Ligament and Reconstruction Techniques*
This specialized book emphasizes the biomechanical aspects of the MPFL and how they inform surgical reconstruction techniques. It includes laboratory studies, modeling data, and clinical correlations to enhance understanding. The content is valuable for researchers and surgeons interested in the mechanical underpinnings of ligament reconstruction.

8. *Rehabilitation After Medial Patellofemoral Ligament Reconstruction*
Focusing on postoperative care, this book outlines evidence-based rehabilitation protocols following MPFL reconstruction. It discusses timelines for recovery, physical therapy exercises, and return-to-sport criteria. The guide is designed for physiotherapists, athletic trainers, and rehabilitation specialists.

9. *Clinical Cases in Patellar Instability and MPFL Reconstruction*
Through a series of real-world case studies, this book illustrates the diagnosis and management of patellar instability with an emphasis on MPFL reconstruction. Each case includes patient history, imaging, surgical decision-making, and follow-up outcomes. This resource aids clinicians in applying theoretical knowledge to practical scenarios.

Medial Patellofemoral Ligament Reconstruction

medial patellofemoral ligament reconstruction: A Finite Element Study on the Medial Patellofemoral Ligament Reconstruction Bharath Koya, 2013 Patellar instability is a major problem among young individuals. Chronic patellar instability termed as patellar dislocation occurs mainly due to the reduction in the medial restraining forces for the patella, excessive Q-angle, patella alta and trochlear dysplasia. It causes a tear of the medial patellofemoral ligament (MPFL) in the majority of instances. The MPFL is the main passive stabilizer preventing patellar instability and accounts for 50-60% of the total restraining forces. Reconstruction of the torn MPFL is a surgical option performed in chronic cases to improve patellofemoral biomechanics and to provide better stability at the knee. Finite element analysis (FEA) makes it possible to simulate the surgical technique of reconstruction of the MPFL, observe the effects on the articular cartilage structures and determine the patellofemoral kinematics, which is not possible with in vivo imaging analysis. In the present study, subject specific computational (finite element) models were built in ABAQUS based on the 3D anatomical geometry of the patellofemoral joint from pre-op MRI scans. The femur and patella were modeled as rigid structures with quadrilateral elements. Patellofemoral articular cartilage was modeled as isotropic elastic structures with hexahedral elements. The quadriceps muscle group, patellar tendon and the MPFL graft were represented using linear tension-only springs. The quadriceps muscle force was calculated from the foot load that the patient was able to withstand at a particular flexion angle during the MRI scan. The MPFL reconstruction surgery was simulated by modeling the ligament with uniaxial connector elements and material properties representing the graft material. FE simulations with appropriate boundary and loading conditions showed that the lateral translation was restricted with a MPFL graft. Validation of these FE models was done by comparing the results with the kinematics obtained from an analysis based on MRI scans taken before and after the MPFL reconstruction surgery. FEA results matched the trends observed in the results of the experimental study, but they failed to replicate them quantitatively. In addition, the ratio of tension in the patellar tendon and quadriceps muscles and the tension in the MPFL graft elements was obtained from the simulations. The technique used in the present study can be improved by dealing with the limitations of the modeling like meshing of the structures and material properties. The FE models can be used to study the inter-subject differences, graft attachment points and graft tensioning to help with the ligament reconstruction procedures.

medial patellofemoral ligament reconstruction: *Influence of Medial Patellofemoral Ligament Reconstruction on Patellofemoral Contact in Patients with Low-flexion Patellar Instability: an MRI Study* Markus Alexander Siegel, Elham Taghizadeh, Thomas Lange, Andreas Fuchs, Tayfun Yilmaz, Philipp Maier, Hans Meine, Hagen Schmal, Kaywan Izadpanah, 2023 Abstract: Background: Medial patellofemoral ligament (MPFL) reconstruction is a well-established procedure for the treatment of patients with patellofemoral instability (PFI) at low flexion angles (0°-30°). Little is known about the effect of MPFL surgery on patellofemoral cartilage contact area (CCA) during the first 30° of knee flexion. Purpose/Hypothesis: The purpose of this study was to investigate the effect of MPFL reconstruction on CCA using magnetic resonance imaging (MRI). We hypothesized that patients with PFI would have a lower CCA than patients with healthy knees and that CCA would increase after MPFL reconstruction over the course of low knee flexion. Study Design: Cohort study; Level of evidence, 2. Methods: In a prospective matched-paired cohort study, the CCA of 13 patients with low-flexion PFI was determined before and after MPFL reconstruction, and the data were

compared with those of 13 healthy volunteers (controls). MRI was performed with the knee at 0°, 15°, and 30° of flexion in a custom-designed knee-positioning device. To suppress motion artifacts, motion correction was performed using a Moiré Phase Tracking system via a tracking marker attached to the patella. The CCA was calculated on the basis of semiautomatic cartilage and bone segmentation and registration. Results: The CCA (mean ± SD) at 0°, 15°, and 30° of flexion for the control participants was 1.38 ± 0.62, 1.91 ± 0.98, and 3.68 ± 0.92 cm2, respectively. In patients with PFI, the CCA at 0°, 15°, and 30° of flexion was 0.77 ± 0.49, 1.26 ± 0.60, and 2.89 ± 0.89 cm2 preoperatively and 1.65 ± 0.55, 1.97 ± 0.68, and 3.52 ± 0.57 cm2 postoperatively. Patients with PFI exhibited a significantly reduced preoperative CCA at all 3 flexion angles when compared with controls ($P \leq .045$ for all). Postoperatively, there was a significant increase in CCA at 0° of flexion ($P = .001$), 15° of flexion ($P = .019$) and 30° of flexion ($P = .026$). There were no significant postoperative differences in CCA between patients with PFI and controls at any flexion angle. Conclusion: Patients with low-flexion patellar instability showed a significant reduction in patellofemoral CCA at 0°, 15°, and 30° of flexion. MPFL reconstruction increased the contact area significantly at all angles

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they are among the most common clinical conditions managed in the orthopaedic and sports medicine setting. The correct diagnosis at an early stage is essential if subsequent treatment is to be successful and secondary complications are to be avoided. Nonoperative intervention is usually the first form of treatment; however, there is no consensus on the most effective method of treatment.

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help you see every detail with clarity.

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injuries of this joint.

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Rehabilitation Protocol for MPFL Reconstruction This protocol is intended to guide clinicians through the post-operative course for MPFL reconstruction. This protocol is time based (dependent on tissue healing) as well as criterion

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MEDIAL PATELLOFEMORAL LIGAMENT This ligament may be injured in a patella dislocation. A MPFL reconstruction surgery uses a ligament from somewhere else in the body to reconstruct this ligament stabilizing the

Medial Patellofemoral Ligament Reconstruction Therefore, reconstruction of the MPFL has generated substantial interest, and several studies have demonstrated that reconstruction of a torn MPFL after traumatic patellar dislocation

Current Concept Review: Medial Patellofemoral Ligament Reconstruction Medial patellofemoral ligament (MPFL) reconstruction is a surgical procedure to improve the clinical outcomes for recurrent patellar dislocation. Current literature on MPFL reconstruction

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Rehabilitation Protocol for MPFL Reconstruction This protocol is intended to guide clinicians through the post-operative course for MPFL reconstruction. This protocol is time based (dependent on tissue healing) as well as criterion

Medial Patellofemoral Ligament (MPFL) Reconstruction - HSS MPFL reconstruction is a surgery in which a new medial patellofemoral ligament is created to stabilize the knee and help protect the joint from additional damage. It offers an

MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION This ligament may be injured in a patella dislocation. A MPFL reconstruction surgery uses a ligament from somewhere else in the body to reconstruct this ligament stabilizing the

Medial Patellofemoral Ligament Reconstruction Therefore, reconstruction of the MPFL has generated substantial interest, and several studies have demonstrated that reconstruction of a torn MPFL after traumatic patellar dislocation

Current Concept Review: Medial Patellofemoral Ligament Reconstruction Medial patellofemoral ligament (MPFL) reconstruction is a surgical procedure to improve the clinical outcomes for recurrent patellar dislocation. Current literature on MPFL reconstruction

Medial Patellofemoral Ligament (MPFL) Reconstruction - Arthrex The anatomic double bundle MPFL reconstruction technique replicates the native shape of the MPFL and provides outstanding flexion and extension. The double bundle technique also

Medial Patellofemoral Ligament Reconstruction/Repair Rehab Description of Procedure: The medial patellofemoral ligament (MPFL) is reconstructed by securing an autograft (cadaver semitendinosus hamstring) from the patella to the anatomic

Medial Patellofemoral Ligament Reconstruction Protocol Medial Patellofemoral Ligament Reconstruction Protocol Revised 2023 The following protocol utilizes a blend . f both criteria and timeframes as the determinants for advancement. It is

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