

## Patellar Dislocation Non-Op Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-2	<ul style="list-style-type: none"> <li>• Decrease pain and inflammation</li> <li>• PRICE principles</li> <li>• Minimize muscle atrophy</li> <li>• Allow medial patellar tissue heal</li> </ul>	<ul style="list-style-type: none"> <li>• Knee immobilizer or brace locked in knee extension</li> <li>• No knee flexion range of motion</li> <li>• No patellar mobilizations</li> </ul>	<ul style="list-style-type: none"> <li>• Weight bearing as tolerated in brace</li> <li>• Improve quadriceps activation (NMES as needed)</li> <li>• Hip strengthening in all planes of motion</li> <li>• Cryotherapy: 5-7 times per day</li> <li>• Initial visit: FOTO</li> </ul>
Weeks 2-4	<ul style="list-style-type: none"> <li>• Pain free with ADLs</li> <li>• Minimize swelling</li> <li>• PRICE principles</li> <li>• Full quadriceps activation</li> <li>• Achieve full knee range of motion</li> <li>• Normalize gait pattern without assistive device</li> </ul>	<ul style="list-style-type: none"> <li>• Advancement to patellar stabilizing brace as quadriceps control is achieved</li> <li>• Avoid lateral patellar glides</li> <li>• Avoid dynamic knee valgus during exercises and functional training</li> </ul>	<ul style="list-style-type: none"> <li>• Stretching in multiple postures.</li> <li>• Continued lower extremity and core strength training. Specific focus on gluteal muscles and core stability</li> <li>• Focused gait mechanics on treadmill including backwards walking</li> <li>• Single leg proprioception activities</li> <li>• Focus on continued quadriceps activation</li> <li>• Cryotherapy: 2-5 times per day</li> </ul>
Weeks 4-8	<ul style="list-style-type: none"> <li>• Progress muscle strength, endurance, and power</li> <li>• Maximize center of gravity or balance control</li> <li>• Progressive return to agility, and jump training</li> <li>• Return to vocational activities</li> </ul>	<ul style="list-style-type: none"> <li>• Use of patellar stabilizing brace only for sport or strenuous work activities until 12 weeks out from starting rehab.</li> </ul>	<ul style="list-style-type: none"> <li>• Advance strengthening and endurance exercises with an emphasis on functional training</li> <li>• Dynamic balance exercises</li> <li>• Basic uniplanar agility drills</li> <li>• Progressive jump training</li> <li>• Initiate return to run program</li> </ul>
Weeks 8+	<ul style="list-style-type: none"> <li>• 90% LSI on isokinetic strength and functional testing.</li> <li>• Return to sport</li> </ul>	<p>Based on MD approval. Anticipated return to sport between 8-24 weeks</p>	<ul style="list-style-type: none"> <li>• Isokinetic testing knee flexion/extension at 90 and 180 degrees/second</li> <li>• Single leg hop, Single leg triple hop, and cross-over single leg hop testing</li> <li>• Timed T-test</li> <li>• Y-balance three reach directions</li> <li>• Multiplanar agility</li> <li>• Sport specific training</li> <li>• Progressive return to sport</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.  
Each patient's progress may vary based on specifics of their injury and procedure.