

Non-surgical Patella Dislocation Rehabilitation Protocol

Name _____ Date _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

***Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.***

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase 1 0-2 weeks	As tolerated with crutches	0-2 week: locked in full extension for ambulation	Gentle as tolerated	Heel slides, quad/hamstring sets, gentle patellar mobs, Hamstring/gastroc stretching, VMO stimulation Swelling Control: RICE, stim, etc.
Phase 2 2-6 weeks	Discontinue Crutches	none	Full ROM	Cardiovascular progression, begin closed kinetic chain strength for VMO, hip, and hamstring strength; quad stim with function tasks (Step ups, etc.)
Phase 3 6 weeks-3 months	Full	none	Normal	Advanced closed chain strengthening, sports specific drills (plyometrics, start running progression, cutting, etc.)

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____