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REHABILITATION PROTOCOL- Nonoperative patellar instability

The rehabilitation guidelines are presented in a criterion based progression program. Individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS

PHASE 1 (~0-2 weeks)

1. Minimize swelling & pain
2. Normalize gait
1. Crutches as needed if painful weight bearing
2. Weight bearing as tolerated in hinged knee brace, lock in extension
for ambulation initially. When appropriate quad strength & control
unlock.
3. Avoid active terminal knee extension
4. Ice as needed for pain
 Soft tissue techniques/mobilizations/modalities as needed
 As above
 UE strengthening as pain tolerates
 Contralateral LE strengthening as tolerated
 Hib abductor/external rotator & extensor strengthening
 Balance/proprioception- begin wobble board, BOSU ball, etc. start
with double leg, progress to single leg.
UBE
 No pain at rest
 Minimal swelling
 Normal gait without pain

PHASE 2 (~3-6 weeks)

REHAB GOALS	1. Progress strengthening, balance	

SKYLINE ORTHOPEDICS

	2. Minimize pain and swelling
PRECAUTIONS	1. Can discontinue knee brace if no extensor lag and normal gait without
	brace or assistive device
	2. Ice as needed after activity
RANGE OF	 Soft tissue mobilizations/techniques as needed
MOTION	 Hamstring/hip stretches as needed
EXERCISES	
SUGGESTED	• Continue phase 1 exercises
THERAPEUTIC	• Balance/proprioception- progress to single leg, unstable surface
EXERCISES	 LE strengthening- progress to closed chain/wt bearing
LALINCISLS	strengthening activities when tolerating hip strengthening. When
	tolerating progressive loads with double leg progress to single leg
	 Postural alignment & gait training
	 Patellar taping as needed
	 Partial squats incorporate BOSU ball, etc
CARDIOVASCULAR	Continue phase 1
EXERCISE	Elliptical, stationary bike
PROGRESSION	 5/5 quadriceps strength
CRITERIA	 Normal gait without assistive device or brace
	 Able to perform 15 second single leg stance without knee
	valgus/pelvic drop

PHASE 3 (~7+ weeks)

REHAB GOALS	 Progress strengthening & LE drills Minimize pain, inflammation Return to sport/work
RANGE OF	 Continue exercises from phase 2.
MOTION	 Sport specific stretches as needed
EXERCISES	
SUGGESTED	 Continue exercises from phase 2
THERAPEUTIC	 Progress weight/ resistance from phase 2 activities
EXERCISES	 Progress single leg balance to unstable surface, perturbations, etc, incorporate dynamic activities
	 Plyometrics- begin with double leg activities, jumps, progress to single leg
	 Agility/sport specific training- may begin after initiation of running and plyometrics without symptoms

CARDIOVASCULAR	Continue phase 2, walk/run progression
EXERCISE	
PROGRESSION	 Full pain free active & passive ROM
CRITERIA- RETURN	 No pain/swelling/apprehension
	 Quadriceps strength 90% of contralateral
TO SPORT	 Normal single leg balance
	 Pass sport specific program
	 Physician clearance