



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

PATELLA FRACTURE (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date:** _____

 X Evaluate and Treat

 X Provide patient with home program

Frequency: 2-3 x/week x 6 weeks

Phase I: 0-4 Weeks



- **Knee Immobilizer:** Worn at all times - taken off only for physical therapy sessions converted to hinged knee brace at first post-op visit
- **Weightbearing:** WBAT with the knee locked in extension
- **Range of Motion:** AROM/AAROM/PROM 0-30 degrees
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises

Phase II: 4-8 Weeks

- **Knee Brace:** Worn with weightbearing activities still locked in full extension - may be removed at night
- **Weightbearing:** Full
- **Range of Motion:** AROM/AAROM/PROM - add 15 degrees of flexion each week - Goal is 90 degrees by post-op week 8
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband, initiate straight leg raises

Phase III: 8-12 Weeks

- **Knee Brace:** Unlocked - worn with weightbearing activities
- **Weightbearing:** Full
- **Range of Motion:** AROM/AAROM/PROM - progress to full ROM by post-operative week 10
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises, initiate straight leg raises, start stationary bicycle

Phase IV: 12-14 Weeks

- **Knee Brace:** Discontinue
- **Weightbearing:** Full
- **Range of Motion:** Full
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises, initiate straight leg raises, start stationary bicycle

Phase V: 14 Weeks - 6 Months

- **Return to full activities as tolerated**

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient would X would not benefit from social services.



Date: _____

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