



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

PATELLAR DISLOCATION (NON-OP) - CONSERVATIVE

NON-OP PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Chief, Division of Sports Medicine & Shoulder/Elbow Surgery

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University

Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery

IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,
Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400

www.bryansaltzmanmd.com

Patient Name: _____ **Date:** _____

X Evaluate and Treat

X Provide patient with home program

Frequency: **2-3** x/week x **6** weeks

Weeks 1-4

- Brace in full extension at all times, WBAT in hinged brace
- PROM 0 – 45 degrees OK in the brace with PT supervision



Week 5

- Supervised PT - 3 times a week (may need to adjust based on insurance)
- Gentle patellar mobilization exercises
- Emphasis full passive extension
- AAROM exercises (4-5x/ day) - no limits on ROM
- ROM goal: 0-115
- Flexion exercises PROM, AAROM, and AROM with brace off
- Stationary bike for range of motion (short crank or high seat, no resistance)
- Hamstring and calf stretching
- Mini-squats (0-45) and heel raises

- Hip strengthening - specifically external rotators
- Isotonic leg press (0 - 60 degrees)
- D/C hinged brace and advance to patellar stabilization brace if quad control
- Progressive SLR program with weights for quad strength with brace off if no extensor lag (otherwise keep brace on and locked)
- Theraband standing terminal knee extension
- Proprioceptive training bilateral stance
- Hamstring PREs
- Double leg balance on tilt boards
- 4 inch step ups
- Seated leg extension (0 to 90degrees) against gravity with no weight
- Add water exercises if desired (and all incisions are closed and sutures out)

Week 6

- Continue all exercises
- Continue ROM stretching and overpressure into extension
- Initiate retro treadmill with 3% incline (for quad control)

- Regular stationary bike if Flexion > 115
- Wall and/or ball squats
- 6 inch front step-ups
- 4 inch step downs
- SLR's - in all planes with weight
 - Goal: 0 to 125 degrees

Week 7

- Continue above exercises
- Self ROM 4-5x/day using other leg to provide ROM
- 8 inch step ups
- 4 inch step downs



- Single leg proprioceptive training
- Lateral step out with therabands
- Retro treadmill progressive inclines
- Sport cord (bungee) walking
- Increase resistance on stationary bike

Week 8

- Continue above exercises
- Stairmaster machine
- Brisk walking
- Progress balance and board throws
- 6 inch step downs

Week 9

- Bike outdoors, level surfaces only
- Start slide board
- Plyometric leg press
- 8 inch step downs

Week 10

- Should have normal ROM (equal to opposite knee)
- Begin resistance for open chain knee extension
- Jump down's (double stance landing)
- Progress to running program and light sport specific drills if:
 - Quad strength > 75% contralateral side
 - Active ROM 0 to > 125 degrees
 - Functional hop test >70% contralateral side
 - Swelling < 1cm at joint line
 - No pain
 - Demonstrates good control on jump down

Week 11-22

- If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:

Progress to home program for running. Start backward jogging, figure of 8, zigzags and lateral shuffles. Progress to hops, jumps, cuts and sports specific drills. Begin to wean from supervised therapy.

- Criteria to return to sports and to d/c brace



Full Active ROM

Quadriceps and hip external rotators strength >90% contralateral side

Satisfactory clinical exam

Functional hop test > 90% contralateral side

Completion of running program

?

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: _____

Bryan M. Saltzman, MD