Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

PATELLA OPEN REDUCTION INTERNAL FIXATION (ORIF)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery**: _____

Procedure: **Right / Left Patella ORIF**

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____**x/week x** _____**weeks**

__ **Phase I (0-6 wks):** ***Period of protection. A home-program alone may suffice for this period of time. Formal PT may be helpful after 6 weeks once ROM is initiated in the brace.***

-**WBAT with crutches, brace locked in extension** ***during all weight-bearing activity and during sleep.***

-**ROM** :

-Knee: patients to perform active prone knee flexion as tolerated 2-3 x per day within the confines of the brace wear. No active extension or forced passive flexion. All ROM should be non-weightbearing and with the brace on, following the progression below:

0-4 wks: Brace locked in full extension (0 degrees).
4-5 wks: Brace unlocked from 0-30 degrees.
5-6 wks: Brace unlocked from 0-60 degrees.
6-7 wks: Brace unlocked from 0-90 degrees.

-Ankle/Hip: ROM exercises 2-3 x per day.
-Strict elevation while seated.
-No quadriceps strengthening until at least 6 wks post-op.

__ **Phase II (6-12 wks):** ***Begin regular, supervised strengthening and wean from the brace.***

-**Wean from crutches, then D/C brace once ambulating with a normal gait and can perform SLR without an extension lag.**

-**ROM** – after 7 weeks postop, brace fully unlocked; advance active and active-assisted ROM as tolerated; gentle passive stretching at end-range. Goal: 0-120 or greater by 12 weeks.

-**Strengthening**:

-begin isometric quad sets, SLRs
-progress to closed chain strengthening (no open-chain) once out of the brace.

__ **Phase III (3-6 months):** ***Begin more sport-focused conditioning.***

-Advance strengthening as tolerated, continue closed-chain exercises. Increase resistance on equipment.
-At 5 months, start jogging and progress to agility training and/or other sport-specific rehab as tolerated
-Begin to wean patient from formal supervised therapy encouraging independence with home exercise program by 6 months.

__ Other:

__ Modalities __ Electrical Stimulation __ Ultrasound
__ Heat before/after __ Ice before/after exercise

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

_____ Date:_____

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