



# 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:** \_\_\_\_\_

**Bryan M. Saltzman, MD**