



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

PREPATELLAR BURSECTOMY

PHYSICAL THERAPY PROTOCOL

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

___ **Evaluate and Treat – no open chain or isokinetic exercises**

___ **Provide patient with home exercise program**

Frequency: _____ x/week x _____ weeks



___ **Phase I (Weeks 1-2)***: Initial recovery.**

◆ **Weight bearing as tolerated without assist by 48 hours post-op.**

◆ **ROM:** 1 week in a knee immobilizer with no motion of the knee. After POD#7, can progress through passive, active and active-assisted ROM as tolerated

- Goal: Full extension by 2 weeks, 130 degrees of flexion by 6 weeks

◆ **Patellar mobilization daily**

◆ **Strengthening:** quad sets, SLRs, heel slides, etc.. No restrictions to ankle/hip strengthening.

___ **Phase II (Weeks 2-6)***: Advance ROM and strengthening.**

◆ **ROM:** Continue with daily ROM exercises

- Goal: Increase ROM as tolerated; aggressive end-range stretching as tolerated

◆ **Strengthening:** Begin and advance closed chain strengthening to full motion arc.

- Add pulley weights, theraband, and other modalities as per PT discretion.
- Advance to wall sits, lunges, balance ball, leg curls, leg press, plyometrics as tolerated.
- Continue stationary bike and biking outdoors for ROM, strengthening, and cardio. Progress to sport-specific activities as tolerated.
- Monitor for anterior knee symptoms, modulating exercises as necessary.

□

***If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hrs per day x 6wks.

___ **Other:**

___ Modalities

___ Electrical Stimulation

___ Ultrasound

___ Heat before/after

___ Ice before/after exercise

___ May participate in aquatherapy after week three, begin aqua-running week 6



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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