Todd C. Battaglia, MD, MS Syracuse Orthopedic Specialists, PC

Patient name: _____ Date: _____

PHYSICAL THERAPY PRESCRIPTION AND PROTOCOL: **Patellar Stabilization Procedures**

What was done:

☐ Tibial tubercle osteotomy

□ MPFL repair / reconstruction

Phase I – Maximum Protection (Week 0-2):

- Ice and modalities as needed to reduce pain and inflammation.
- Elevate the knee above the heart for 3-5 days •
- Brace: locked in full extension for sleeping and ambulation; unlock 0-30° for ROM / exercises •
- ROM: 0-30° maximum flexion
- Weight bearing: - Brace locked in extension for all •
 - If tibial tubercle osteotomy TOE TOUCH ONLY
 - If no tibial tubercle osteotomy WBAT with brace locked in extension
- Crutches at all times for all patients •
- Strengthening: Quad NMES, guad sets, SLRs in brace, ankle pumps, ankle theraband, isometric hip adduction / abduction

Phase II: Moderate Protection, Increase ROM and Strengthening (Weeks 2-6):

- Continue with modalities as indicated.
- Weight bearing: - Brace locked in extension for all
 - If tibial tubercle osteotomy TOE TOUCH ONLY, crutches at all times
 - If no tibial tubercle osteotomy WBAT with brace locked in extension, may wean crutches
- WEEKS 2-4:

Brace: May unlock 0-60° night and day (except locked 0° for ambulation) ROM: 0-60° maximum flexion

WEEKS 4-6:

Brace: May unlock 0-90° night and day (except locked 0° for ambulation) ROM: 0-90° maximum flexion

Strengthening: Continue quad NMES, quad sets, SLRs in brace, ankle pumps, ankle theraband; may now also add AAROM leg extension (no resistance) within specified limits

Phase III: Minimal Protection (Weeks 6-12):

- Continue with modalities as indicated.
- Weight bearing: Osteotomy patients may advance to weight bearing as tolerated (pending physician review of radiographs.)
- Brace: If no osteotomy - may discontinue post-operative brace If osteotomy - discontinue brace pending physician review of radiographs All patients may get PF stabilizing brace at physician discretion
- Wean crutches for all patients
- ROM: Advance all patients to full ROM as tolerated
- Strengthening: Straight leg raises without brace, partial wall sits / squats (max 60° flexion), terminal knee extension with theraband (no greater than 60° degrees), continue previous exercises.
- May start low resistance stationary bike

Phase IV: Advanced Strengthening (Weeks 12-?):

- Continue modalities as needed
- Forward and backward walking on treadmill
- Continue all stretching
- Initiate light plyometric training
- Advance closed chain strengthening exercises, focus on single leg strength
 - Wall Squats within painfree arc
 - Leg Press
 - Forward Lunges, Lateral Lunges
 - Front Step-ups, Lateral Step-ups
 - Knee Extension within painfree arc
 - Hip Strengthening (4 way)
 - Bicycle
 - Stairmaster
- Proprioception drills
- At 16 weeks: May begin jogging / running program, implement sport-specific multi-directional drills

Frequency: 2-3x per week

Duration: 12-16 weeks

Special instructions:

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