HaysMed

Patella Dislocation

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

This protocol was developed for both post-operative and non-operative management of patellar dislocations. Specific sections of this protocol will differ based on their surgical status.

PHASE I: (Immediate)

Week 1

Orthotics-
1. Knee Immobilizer at all times other than for exercises

Weight Bearing-
1. Touch Weight Bearing using 2 crutches

Modalities (PRN)-
1. Ice, compression, and elevation as needed
2. Electrical stimulation for pain or muscle re-education
3. Ice for 20 minutes following exercises throughout the protocol

ROM-
1. **Post-Op patients:**
    a. Gravity-assisted ROM from 0 to 45* flexion only
    b. NO Active knee extension
2. **Non-Op patients:**
    a. Progress ROM exercises from 0 to 90* flexion only
    b. NO Active knee extension

Exercises-
1. Hamstring, Calf, and IT Band stretching
2. Quad sets, Hamstring sets
3. Ankle pumps
4. Straight leg raises
    a. Standing position ONLY
    b. NO resistance
    c. Must be performed in knee immobilizer

PHASE II: (Intermediate)

Week 2 – 4

Orthotics-
1. Knee Immobilizer at night and for all weight bearing activities
2. Patellar stabilizing orthotic may be prescribed per physician

(Cont'd weeks 2-4)

Weight Bearing-

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1. Weight Bearing as tolerated using Knee Immobilizer at all times

Modalities (PRN)-
1. Continue Phase I modalities as needed

ROM-
1. At the start of **Week 4:**
   Post-Op patients:
   a. May progress ROM exercises to 0 to 90* as tolerated
   b. NO Active knee extension
2. At the start of **Week 3:**
   Non-Op patients:
   a. May progress ROM to full as tolerated
   b. NO Active knee extension

Exercises-
1. Progress Phase I exercises as tolerated
2. Proprioception / Weight shifting exercises
   a. In knee immobilizer
   b. Bilateral, progress to unilateral
3. Progress Straight Leg Raises supine, prone and side lying
   a. NO resistance
   b. May progress out of knee brace for SLRs as strength allows
4. Neuromuscular Re-education as needed

PHASE III (Strengthening)

Week 5 – 8

Orthotics-
1. Should be progressing to patellar stabilizing orthotic for all activities

Weight Bearing-
1. Weight Bearing as tolerated using orthotic

ROM-
1. **Post-Op patients:**
   a. May progress ROM exercises to full as tolerated
2. **Non-Op patients:**
   a. Attain / Maintain full active and passive knee ROM

Exercises-
1. Progress Phase II exercises as tolerated
2. May add resistance to Straight Leg Raises as tolerated
3. Stationary Bicycle / Nu-Step
   a. Progress resistance and duration as tolerated
4. Shuttle / Leg Press
   a. Bilateral, progress to Unilateral
   b. Progress resistance

(Cont'd weeks 5-8)

5. When patient's reach 0 to 120* of pain-free Active ROM, progress to:
   a. Open Chain exercises, progress resistance as tolerated

1. Short-arc Quads, progress to Long-arc
2. Long-arc Hamstrings

b. Closed Chain exercises, progress as tolerated
1. Terminal Knee Extensions, Mini-Squats, Step Ups, etc

PHASE IV (Advanced Strengthening)

Week 9 – 12

Orthotics-

1. May discontinue brace for daily activities only with physician approval
2. Continue functional brace for high risk activity and exercise until notified by physician

Exercises-

1. Progress Phase III exercises as tolerated
2. Progress to aggressive full-arc strengthening Isotonic strengthening
3. Isokinetics
   a. Limit extension to -20* initially
   b. Start with 240 to 300 degrees per second
   c. Progress to 180 to 300 degrees per second as tolerated

Week 13+

Exercises-

1. Progress Phase III exercises as tolerated
2. May initiate straight-ahead jogging
3. Initiation of light sports activity
   a. Plyometrics
   b. Shuttle Bounding
   c. Sport specific agility
   d. See Interval Golf and Interval Running programs
   e. DIME warmup
4. Criteria to be released for return to sport
   LE functional test (see protocol), per physician request (Goal: 90% of uninvolved leg)
   ***Please complete functional testing form and return to physician**

Revised 08/2026