Central Indiana Orthopedics
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Brian E. Camilleri, DO

2610 Enterprise Dr
Anderson, IN 46013
Phone: (765) 683-4400
Fax: (765) 642-7903
www.ciocenter.com

Patellar Stabilization Rehabilitation Protocol

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a patellar stabilization procedure. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient please consult with Dr Camilleri.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately and please fax all progress notes to Dr. Camilleri's office or hand deliver with the patient. Successful treatment requires a team approach and we value your care for the patient as well as your input. Please contact Dr. Camilleri at any time with your input on how to improve the therapy protocol.

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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, quad 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

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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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Criteria for Final Clearance for Sport:

-- Symmetric range of motion
-- Isokinetic testing (Cybex) at 180/sec and 60/sec that is 90% compared to non-operative leg
-- Single leg hop test that is 90% compared to non-operative leg
-- Final clearance given by both physical therapist and Dr Camilleri