

Patellar Fracture

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient. Follow guidelines below, however orders from physician on WB status and IROM progression override progression stated below if different.

Phase 1: Early Postoperative (1-4 weeks post-op)

Goals for Phase I:

1. Swelling control
 2. Proper fit of IROM brace
 3. Independent self donning/doffing of brace
- A. IROM locked at 30 Degrees of knee flexion
B. TED hose issued for swelling control (AM and PM usage)
C. May take off IROM for therapy (knee and leg should be supported on plinth in full extension)
D. Ther. Ex.: 3 way hip SLR w/ resistance (S/L Abd/add), Quad sets (biofeedback if available to further facilitate quads), Supine SLR (active assist SLR as needed to prevent knee/quad lag)... (No resistance added with supine SLR), HS stretching, towel gastroc stretching,
E. WBAT w/ crutches (IROM should be worn locked at 30 degrees)
F. Modalities: Ice, and sensory level E-stim PRN

Phase II (4 weeks following initial Physician Post-op visit to 8 wks post-op)

Goals for Phase II:

1. wean off crutches in 2-4 weeks
 2. ROM (0-90 w/in 1-2 wks)
 3. ROM (0-120 w/in 3-4 wks)
- A. IROM brace opened 0-30 degrees of knee flexion (open brace into flexion 15 degrees /wk)
B. Continue WBAT with crutches and progressively wean off crutches in 2-4 weeks.
C. Begin progressive ROM exercises, (A,AA, Low intensity PROM as tolerated)
D. Ther. Ex.: continue exercises as performed in phase I, (add supported wt bearing exercises while wearing IROM; wt shifting (side and front/back), mini squats (0-30 degrees in brace), lateral and front step up/downs, SAQ (no ankle wts), Bike used for ROM only (perform passively using uninvolved leg to move pedals). May add light ankle wt with SLR only if able to perform w/o quad lag.(1-5 lbs.)

Phase III (9 to 12 wks post-op)

Goals for Phase III:

1. D/C IROM (per physician orders only)
 2. Fit w/ Roadrunner knee brace if ordered by physician
 3. Return leg strength = to uninvolved (emphasis on quad strength)
 4. Return proprioception = to uninvolved leg
 5. Return total leg strength = to uninvolved leg
 6. Prevent patello-femoral inflammation (gradual progression of exercise.
- A. D/C IROM
B. Fit w/ Roadrunner knee brace if ordered (to be used for all functional activities outside of therapy)
C. More aggressive ROM. Goal to increase knee flexion AROM to w/in 10 degrees of uninvolved side.
D. Progressive / Aggressive strength and conditioning as tolerated; add squats (0-90 degrees), leg press, shuttle press, full ROM knee extension PREs, increase resistance w/ SAQ, high single leg step ups, stationary lunges, standing HS curls, (emphasis placed on single leg strengthening). Sport cord sidestepping and retro-walking, Stair stepper, (Eliptical trainer (Precor) and full lunges not to be performed before 10 wks post op).
E. Proprioceptive training. (single leg standing balance activities)

Patellar Fracture (cont'd)

Phase IV (12 – 16 wks)

Goals for Phase IV:

1. Independent home ex program
 2. Facilitate continuation of strength and conditioning at local fitness facility
 3. Biodex test (quad/HS strength w/in 20 percent of uninjured leg)
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- A. Educate on continuation of home program (fitness facility if available)
 - B. Perform Biodex Test for objective Quad/HS strength assessment
 - C. No impact activities (running, jumping) until passing Biodex test
 - D. Increase intensity of strengthening exercises
 - E. Instruct pt to decrease intensity and volume of exercise if PF pain becomes a problem.