PATELLA FRACTURE (NON-OP)
NON-OP PHYSICAL THERAPY PROTOCOL

Patient Name: _____ Date: _____

_____ Evaluate and Treat _____ Provide patient with home program

Frequency: _____ x/week x _____ weeks

Phase I: 0-4 Weeks

• **Knee Immobilizer:**
Worn at all times - taken off only for physical therapy sessions converted to hinged knee brace at first post-op visit

• **Weightbearing:**
WBAT with the knee locked in extension

• **Range of Motion:**
AROM/AAROM/PROM0-30 degrees

• **Therapeutic Exercises:**
Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises

Phase II: 4-8 Weeks

• **Knee Brace:**
Worn with weightbearing activities still locked in full extension– may be removed at night

• **Weightbearing:**
Full

• **Range of Motion:**
AROM/AAROM/PROM – add 15 degrees of flexion each week – Goal is 90 degrees by post-op week 8

• **Therapeutic Exercises:**
Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband, initiate straight leg raises

Phase III: 8-12 Weeks

• **Knee Brace:**
Unlocked – worn with weightbearing activities

• **Weightbearing:**
Full

• **Range of Motion:**
AROM/AAROM/PROM – progress to full ROM by post-operative week 10

• **Therapeutic Exercises:**
Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband, exercises, initiate straight leg raises, start stationary bicycle

Phase IV: 12-14 Weeks

- **Knee Brace:**
  Discontinue

- **Weightbearing:**
  Full

- **Range of Motion:**
  Full

- **Therapeutic Exercises:**
Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband, exercises, initiate straight leg raises, start stationary bicycle

Phase V: 14- 6 Months

Return to full activities as tolerated

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.

Physician Name: _____   Date: _____

The Christ Hospital ™
Physicians
Joint & Spine