



TWIN CITIES ORTHOPEDICS

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**Gregory N. Lervick, MD
Andrew Anderson, PA-C
952-456-7111**

REHABILITATION PROTOCOL: AFTER ACUTE LATERAL PATELLAR DISLOCATION / SUBLUXATION

Phase 1

Goals

- Decrease pain and avoid recurrent dislocation.
- Return of muscle function.
- Decrease swelling.
- Limit ROM to protect healing tissues.
- Limit weight bearing prn to protect healing tissues.
- Avoid leading patient into pain dysfunction syndrome with overaggressive therapy.

Bracing

- Limited range brace set at 0° or knee immobilizer with ambulation initially; lateral buttress doughnut pad prn.
- Patella stabilizing brace or McConnell taping.
- Light compressive dressing.

Weight bearing

- Begin partial weight bearing with crutches with gradual progression to as tolerated.

Therapeutic exercises

- Cryotherapy.
- Electrical stimulation to promote quadriceps activity, emphasizing VMO (high-voltage galvanic stimulation).
- Supine SCR when pain allows.
- Gentle passive ROM in pain-free range.
- Ankle pumps if swelling is present.
- Isometric hamstrings.
- Consider aspiration of blood if effusion is inhibiting quadriceps.

Criteria for Progression to Phase 2

- No significant joint effusion.
- No quadriceps extension lag.
- Avoid performing apprehension to patellar mobility test.
- Little or no pain with activities of daily living.

Phase 2

Goals

- Improve quadriceps muscle function.
- Obtain full pain-free ROM.
- Begin low-level functional activities.
- Initiate conditioning program.
- Avoid patellofemoral symptoms or instability.

Bracing

- Continue patellar bracing or taping.
- Discontinue knee immobilizer or limited range brace.

Weight-bearing

- As tolerated.
- Discard crutches when quadriceps control with no extension lag is achieved.

Therapeutic exercises

- Continue electrical stimulation as needed.
- Continue supine SLR and add PRE's, adduction and abduction SLR.
- Toe raises with equal weight-bearing bilaterally.
- Modalities as needed.
- Closed-kinetic chain exercises (wall-sitting, toe raises).
- Low-level endurance training (well-leg cycling).
- Low-level pool activities.

Criteria for Progression to Phase 3

- Full active ROM.
- Good to normal quadriceps function.
- Full weight-bearing without gait deviation.

Phase 3

Goals

- Improve functional capabilities.
- Gradual return to sports activity or other high-level activity.

Bracing

- Wean from patellar brace or taping as quadriceps strength improves (prn).

Therapeutic exercises

- Four-way hip exercises (i.e., SLR with adduction, abduction, flexion, extension).
- Aqua therapy, walking progressing to running in water.
- Sport- and skill-specific training.
- Proprioceptive training.
- Patient education.

Criteria for return to full activity (8-12 weeks)

- ROM equal to opposite limb.
- No pain or effusion.
- Strength 85% of opposite limb.
- Satisfactory 1-min hop test, two-legged hop test.
- Patellar stability on clinical exam.

This protocol provides you with general guidelines for the rehabilitation of the patient following an initial acute lateral patellar dislocation.

Specific changes in the program will be made by the physician as appropriate for the individual patient.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick at **952-456-7111**.

REFERENCE:

Clinical Orthopaedic Rehabilitation, 2nd edition. SB Brotzman, KE Wilk. Mosby 2003.