

This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible following a patellar dislocation. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based patellar dislocation guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following a patellar dislocation.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures. If the clinician should have questions regarding progression, they should contact the referring physician.

Phase	Suggested Interventions	Goals/Milestones for Progression
Weeks 0-2	<p><i>WB status:</i> WBAT with knee immobilizer or patella stabilizing brace</p> <p><i>Therapy:</i></p> <ul style="list-style-type: none"> • Nustep or upright bike as tolerated • Heel slides, quad sets, straight leg raises, 4 way hip, VMO activation exercises • NMES for quad activation • Balance/Proprioception starting with double leg stance • Modalities for reduction of effusion and pain relief • Patellar mobilizations for proper patellar tracking • Calf/hip/core strength exercises in unloaded position 	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Control pain 2. Reduce effusion 3. Improve quadriceps contraction 4. Gradually progress knee ROM
Weeks 2-4	<p><i>WB status:</i> FWB, wean from crutches as appropriate</p> <p><i>Therapy:</i></p> <ul style="list-style-type: none"> • Closed kinetic chain exercises: Total gym/leg press, partial squats, step ups • Single leg balance • Anti-gravity treadmill • Glute/core strengthening to prevent knee valgus deformity • Patellar mobilizations for proper patellar tracking; patellar taping as needed 	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Return to full knee ROM 2. No quadriceps extension lag 3. Normalized gait pattern with brace

Weeks 4-8	<p>May wean from brace and taping as quadriceps function improves (week 6)</p> <p><i>Therapy:</i></p> <ul style="list-style-type: none"> • Elliptical, treadmill • Squats, multi-directional lunges, step-ups • Single leg isotonic exercises • Single leg dynamic balance activities • Agility drills and plyometrics 	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. No effusion 2. No pain with functional activities 3. Proper form with functional exercises
Weeks 8+	<p><i>Therapy:</i></p> <ul style="list-style-type: none"> • Sport-specific drills • Return to running • Consider Return to Sport/Activity & Discharge Criteria-Lower Extremity 	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Full strength with MMT 2. Within 85-90% of opposite LE with Y-balance test or single leg jumping tests and two legged hop test if appropriate