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.

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| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| *Weeks 0-2* | *WB status:* WBAT with knee immobilizer or patella stabilizing brace*Therapy:* * Nustep or upright bike as tolerated
* Heel slides, quad sets, straight leg raises, 4 way hip
* 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
 | *Goals of Phase:* 1. Control pain
2. Reduce effusion
3. Improve quadriceps contraction
4. Gradually progress knee ROM
 |
| *Weeks 2-4* | *WB status:* FWB, wean from crutches as appropriate *Therapy:** 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
 | *Goals of Phase:*1. Return to full knee ROM
2. Restore voluntary quadriceps contraction
3. Normalized gait pattern with brace
 |
| *Weeks 4-8* | May wean from brace *Therapy:** Elliptical, treadmill
* Squats, multi-directional lunges, step-ups
* Single leg isotonic exercises
* Single leg dynamic balance activities
* Agility drills and plyometrics
 | *Goals of Phase:*1. No effusion
2. No pain with functional activities
3. Proper form with functional exercises
 |
| *Weeks 8+* | *Therapy:** Sport-specific drills
* Return to running
* Consider Return to Sport/Activity & Discharge Criteria-Lower Extremity
 | *Goals of Phase:* 1. Full strength with MMT
2. Within 85-90% of opposite LE with Y-balance test or single leg jumping tests if appropriate
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