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 |