

# AUCKLAND BONE AND JOINT SURGERY

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# ACUTE PATELLOFEMORAL DISLOCATION REHABILITATION PROTOCOL

**Diagnosis: Acute Patellar Dislocation** 

Physiotherapy Plan: 2x/wk for 8 weeks

## Phase I (week 1-2 after injury)

Goals:

Decrease pain and swelling

Limit knee range of motion and weight-bearing to protect healing tissues

Return muscle function

Avoid overaggressive therapy that may lead the patient into a patellofemoral pain syndrome Treatment:

- Bracing: ROM brace, keep in full extension if possible
- Ice therapy PRN
- McConnell taping; light compressive bandage
- · Partial weight-bearing with crutches
- VMO electrical stimulation
- Supine straight leg raise (SLR) with minimal to no pain
- · Ankle pumps if oedema is present
- Isometric hamstrings

## Phase II (week 2-4)

Criteria:

No significant joint effusion, no quadriceps extension lag, minimal to no pain with activities of daily living

#### Goals:

Full knee ROM - pain-free

Improve quadriceps strength

Low-level functional activities

Initiate conditioning

Avoid patellofemoral symptoms or instability

#### Treatment:

- · Continue ROM bracing (unlocked) or taping
- · Weight-bearing as tolerated; discard crutches when extension lag is no longer present
- · Continue electrical stimulation and modalities as needed

- Continue supine SLR and add hip adduction and abduction SLRs
- Toe raises with equal weight bearing
- Closed kinetic chain exercises
- · Low-level endurance and pool exercises

## Phase III (week 4-8)

#### Criteria:

Full active knee ROM, good to normal quadriceps strength, full weight-bearing with normal gait pattern

## Goals:

Improve function

Gradual return to high-level activities

#### Treatment:

- Bracing: wean from bracing and taping as quadriceps function improves (week 6)
- Four-way hip exercises
- Pool therapy walking with progression to running
- Sport and skill-specific training
- Proprioceptive training
- Patient education

Criteria for Return to Full Activity (8-12 weeks after injury)

- Equal knee ROM between lower extremities
- No pain or oedema
- 85% strength compared with uninvolved limb
- Satisfactory 1-minute single leg hop test, two-legged hop test
- Patellar stability with clinical tests

Additional Instructions:	
Dr. Matthew J. Boyle, BSc. MBChB, FRACS	Date: