

Post-Op Patellofemoral Replacement

Name: _____ Date: _____ DOS: _____

Rehabilitation Protocol Post-Op Patellofemoral Replacement 3X/WK X 6 WKS

(0-2 weeks)

CLINICAL INTERVENTION

WEIGHT BEARING:

- WBAT w/walker or crutches ; emphasize proper heel-toe gait with knee in full extension at heel strike and continues through foot-flat; knee should only bend during progression of toe-off!!

ROM:

- 0-90 degree or better before leaving hospital

PATIENT EDUCATION:

- Instruct in proper use of ice, moist heat, elevation
- Quad setting (achieve good Quad set ASAP)
- CPM to be used at home if ROM not progressing
- Home Exercise Program (HEP) instruction
- Gait training

MODALITIES:

- McConnell Taping to medialize patella for stability [continue for first 6 weeks post op]
- As indicated (including home units)

THER EX:

- Ankle pumps
- Calf stretch w/towel
- Quad sets
- E-Stim may be used for Mm facilitation
- Biofeedback may be used for Mm re-education
- Patellar mobilizations
- Hamstring sets
- Passive K'extension
- Supine SLR's
- TKE's (from 30 degrees)
- Sitting AAROM K' flexion for quad stretch



- K' extension AROM 90 to 0 degrees
- Heel slides, supine wall slides, or stationary bike for ROM

2-6 Weeks

PT Rx:

2-3x/Week

CLINICAL INTERVENTION:

WEIGHT BEARING:

- Progress WB-ing w/appropriate device providing gait training to achieve a normal gait pattern
- Progress to cane when normal gait is achieved or MD gives permission

ROM:

- 0 to 130 degrees by 6-8 weeks post-op

PATIENT EDUCATION:

- Progress HEP w/emphasis on ROM
- Gait training w/appropriate device

MODALITIES:

- McConnell Taping to medialize patella for stability [continue for first 6 weeks post op]
- As indicated

THER EX:

- Continue w/above progressing AROM to PRE's
- Quad: multi-angle isometrics
- Prone or standing K' flexion
- Hip abduction, adduction, extension
- Initiate prone hangs or "bridge" w/heel propped and weight above knee to achieve full extension
- Patellar mobilization
- Stationary bike (no PF pathology on uninvolved LE should be present)
- Aquatic therapy may begin once wound is fully healed and approved by MD

RE-ASSESS:

- Strength, motor control, ROM for safety ADL performance in preparation of discharge

6- 8 Weeks

PT Rx:

- 2-3x/Week

CLINICAL INTERVENTION

THER EX:

- Progress ROM and strengthening exercises
- Continue aquatics if appropriate
- Nordic Track
- Step-ups
- Step-overs
- Evaluate functional deficits and begin functional activity training

8-12 Weeks

CLINICAL INTERVENTION

PT Rx

- 1-2x/Week

THER EX:

- Progress strengthening and functional activity training
- Continue aquatics if appropriate

RE-ASSESS:

- Strength, motor control, ROM for safety in ADL performance in preparation of discharge