



GOLDEN STATE ORTHOPEDICS & SPINE

ORIF Patella Fracture Post-Operative Rehabilitation Protocol

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I: 0-2 Weeks

- **Knee Immobilizer:** Worn at all times – taken off only for physical therapy sessions converted to hinged knee brace at first post-op visit
- **Weightbearing:** WBAT with the knee locked in extension
- **Range of Motion:** AROM/AAROM/PROM 0-30 degrees
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises

Phase II: 2-6 Weeks

- **Knee Brace:** Worn with weightbearing activities still locked in full extension– may be removed at night
- **Weightbearing:Range of Motion:** AROM/AAROM/PROM – add 15 degrees of flexion each week – Goal is 90 degrees by post-op week 6
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises, Initiate straight leg raises

Phase III: 6-10 Weeks

- **Knee Brace:** Unlocked – worn with weightbearing activities
- **Weightbearing:** Full
- **Range of Motion:** AROM/AAROM/PROM – progress to full ROM by post-operative week 10
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises, Initiate straight leg raises

Phase IV: 10-12 Weeks

- **Knee Brace:** Discontinue
- **Weightbearing:** Full
- **Range of Motion:** Full
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises, Initiate straight leg raises, Start stationary bicycle

Phase V: 3-6 Months

- **Return to full activities as tolerated**

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____

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