



Patellar Dislocation

Non-Operative Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 2	• Decrease pain and inflammation • PRICE principles • Minimize muscle atrophy • Allow medial patellar tissue heal	• Knee immobilizer or brace locked in knee extension • No knee flexion range of motion • No patellar mobilizations	• Weight bearing as tolerated in brace • Improve quadriceps activation (NMES as needed) • Hip strengthening in all planes of motion • Cryotherapy: 5-7 times per day • Initial visit: FOTO
Weeks 2 – 4	• Pain free with ADLs • Minimize swelling • PRICE principles • Full quadriceps activation • Achieve full knee range of motion • Normalize gait pattern without assistive device	• Advancement to patellar stabilizing brace as quadriceps control is achieved • Avoid lateral patellar glides • Avoid dynamic knee valgus during exercises and functional training	• Stretching in multiple postures. • Continued lower extremity and core strength training. Specific focus on gluteal muscles and core stability • Focused gait mechanics on treadmill including backwards walking • Single leg proprioception activities • Focus on continued quadriceps activation • Cryotherapy: 2-5 times per day
Weeks 4 – 8	• Progress muscle strength, endurance, and power • Maximize center of gravity or balance control • Progressive return to agility, and jump training • Return to vocational activities	• Use of patellar stabilizing brace only for sport or strenuous work activities until 12 weeks out from starting rehab.	• Advance strengthening and endurance exercises with an emphasis on functional training • Dynamic balance exercises • Basic uniplanar agility drills • Progressive jump training • Initiate return to run program
Weeks 8 +	• 90% LSI on isokinetic strength and functional testing. • Return to sport	• Based on MD approval. • Anticipated return to sport between 8 – 24 weeks	• Isokinetic testing knee flexion/extension at 90 and 180° / second • Single leg hop, Single leg triple hop, and cross-over single leg hop testing • Timed T-test • Y-balance three reach directions • Multiplanar agility • Sport specific training • Progressive return to sport

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.
Each patient's progress may vary based on specifics of their injury and procedure.

