



NONOPERATIVE PATELLA FRACTURE REHABILITATION GUIDELINES

Phase 1: Weeks 0-4

PRECAUTIONS

- WB status: WBAT with brace locked in full extension at all times except with therapist.
 - Sleep in brace using below flexion restrictions.
- ROM
 - **Weeks 0 – 2: 0 – 30°**
 - **Week 3: 0 – 45°**
 - **Week 4 : 0 – 60°**
- Avoid active knee extension
- Avoid prone knee flexion

TREATMENT RECOMMENDATIONS

- Gait training
- Scar mobilization
- Patellar mobilizations
- LE flexibility (hamstring/gastrocnemius)
- Knee PROM/AAROM within ROM limits listed above
- Seated knee flexion active ROM (AROM)/AAROM within above limits
- Core stabilization
- Hip progressive resisted exercises
- Quadriceps reeducation using modalities
 - Blood Flow Restriction (BFR) program with FDA approved device
- Quadriceps strengthening
 - Multi-angle submaximal isometrics within restricted ROM
 - SLR series (with brace locked in extension if unable to perform without extensor lag)
- Bilateral closed chain weight shifting (brace locked in extension)
- Double leg balance/proprioception training

CRITERIA FOR ADVANCEMENT

- Pain and edema controlled
- Good patellar mobility
- PROM full knee extension
- Knee ROM 0-60 degrees
- Quad strength sufficient to perform SLR without extensor lag

EMPHASIZE

- Patellar mobilization
- Knee flexion ROM progression
- Quadriceps contraction with SLR



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Phase 2: Weeks 5-8

PRECAUTIONS

- WBAT with brace locked in full extension. May remove brace for sleep.
- D/C crutches when ambulating with normalized gait
- Avoid running jumping and sport activity
- ROM
 - **Weeks 5 – 8: increase 15° flexion per week**
 - **Goal of ROM 0-120° by end of week 8**

TREATMENT RECOMMENDATIONS

- Gait Training
 - Utilize retrograde ambulation, pool ambulation, underwater treadmill, and gravity-assisted treadmill, if available
- Patellar mobilizations
- LE flexibility (hamstring/gastrocnemius/quadriceps)
 - Late stage: initiate quadriceps (i.e., foam roll, prone stretch)
- Knee flexion AROM progression in hip flexion (i.e., seated, supine, wall slide, or stair stretch)
 - Late stage: progress with hip extension (i.e., prone)
- Core stabilization
- Hip progressive resisted exercises
- Progress quadriceps re-education
- Continue quad strengthening
- Closed chain strengthening
 - Leg press progression: double leg → single leg
 - Eccentric leg press
- Functional strengthening
 - Progress double leg body weight strengthening → Sit to stand → squat progression
 - Step up progression
- Balance and proprioception training, emphasis on good neuromuscular control at the knee
- Cardiovascular conditioning

CRITERIA FOR ADVANCEMENT

- Normal patellar mobility
- Quadriceps strength sufficient to ascend a 6-inch step with good control
- Knee flexion at least 120 deg
- No knee extensor lag



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Phase 3: Weeks 8+

PRECAUTIONS

- WBAT, unlock brace when ambulating; wean from brace as tolerated
- D/C crutches when ambulating with normalized gait
- Avoid sport activity until adequate strength development/neuromuscular control

TREATMENT RECOMMENDATIONS

- LE flexibility program
- Hip progressive resisted exercise
- Advanced LE strengthening with progressive load
 - Single leg eccentrics
 - Multiplane strengthening
 - Weighted squats
- Advanced balance and proprioception training
 - Perturbation, simple-complex, unstable surface, larger to smaller target, progress dynamic balance exercises
- Begin plyometrics (late stage)
- Initiate agility drills
- Begin return to running progression (late stage)

CRITERIA FOR ADVANCEMENT

- Ability to decelerate with good control and alignment on SL
- Strength and flexibility maximized as to meet demands of individual's sport activity

EMPHASIZE

- LE flexibility and strength
- Neuromuscular control with single leg tasks
- Emphasize proper landing mechanics, load absorption, movement strategy and equal weight bearing with plyometric exercises
- Monitor volume and load