



Lisa Kaplin, DO

Post-Operative Rehabilitation Guidelines for Patella Fracture Open Reduction Internal Fixation

General Guidelines:

- Patient will be weight bearing as tolerated in brace.
- Transfers need to be assisted for operative leg.
- Avoid active knee extension for 3 weeks.
- Limited ROM brace should initially be locked at 0° and then unlocked to 30° as tolerated for ambulation and ADL's once adequate Quad control is established.
- Sleep with the brace locked at 0° for immobilization unless otherwise instructed by physician
- Keep the entire leg elevated.
 - Do not place pillows under the knee
 - Use ice for 20 to 30 minutes every hour for pain and swelling reduction.
- Keep incisions dry for 5 days but may shower anytime postoperatively.

WEEKS 0-6:

- Modalities as needed for pain and swelling.
- May perform gentle patellar mobilizations in all directions.
- Initiate gastrocnemius and hamstring stretches.
- Restore FULL knee extension within 2 weeks (low load-long duration stretching).
- Ankle ROM/strengthening for swelling and DVT prevention.
- **Limit ROM to 0° for first 3 weeks.**

Weeks 3-5 can perform PROM 0°-30°.

Weeks 5-7 ROM 0-60°.

Weeks 7-9 ROM 0-90°.

Full ROM after week 10.

- 3-way (ABD/EXT/ADD) open chain straight leg exercises once pain is under control and adequate QUAD control established.
- Week 2 may begin active assisted SLR and progress to active SLR by week 3 as long as there is no extensor lag.
- Focus on knee remaining locked in concentric and eccentric phase of leg lifts. Increase reps and hold time initially, before adding resistance. No ankle weight until extensor lag is eliminated.

WEEKS 6-8:

- Increase ROM as tolerated.
- May unlock brace for sitting to 90 degrees at 8 weeks. When quad control is sufficient, unlock brace for ambulation with bilateral crutches.
- Discontinue use of crutches and brace at week 8 if patient has adequate quad control.
- Continue to increase hip resistance during FLEX/ABD/ADD/EXT open chain exercises as tolerated.



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- Progress to bilateral closed kinetic chain exercises after patient is full weight bearing.
- Soft tissue mobilizations as needed for scar and myofascial restrictions.
- Initiate stationary bike for range of motion without resistance.
- May start light aquatic exercises once good quadriceps control is established.

WEEKS 9-12:

- ROM to WNL's as tolerated.
- Increase resistance with all exercises as tolerated.
- Start bilateral leg and calf press
- Initiate balance activities and progress as tolerated (ex. Weight shifts, step ups, SLS, proprioceptive training)
- Increase leg strength, allow for normal gait and walking longer distances.
- Increase resistance with stationary bike for strength and endurance training.

MONTHS 3-6:

- Low impact weight program increasing intensity of strength and functional training for a gradual return to normal activities.
- Week 12-14 start elliptical trainer.
- Core strengthening.
- Week 16 start with bilateral plyometric drills and progress to unilateral as tolerated by the patient.
- Initiate running program after week 16.

MONTHS 6-9:

- Continue with advanced strengthening program.
- Sport specific training (if applicable).
- Functional test for return to sport.