

Physical Therapy Prescription Acute Patellar Dislocation

Patient Name:

Today's Date:

Dx: (LEFT / RIGHT) Knee patellar dislocation

Acute Patella Dislocation Protocol

Week one	Weeks two to four
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> ➤ Range of motion ➤ Ability to contract quad/vmo ➤ Pain/Joint effusion ➤ Assess RTW and functional expectations ➤ Gait is typically WBAT with crutches in a patellofemoral stabilizing brace ➤ Evaluation of patients with dislocation episodes should include a thorough biomechanical assessment 	<ul style="list-style-type: none"> ➤ Range of Motion ➤ Pain/Joint effusion ➤ Ability to contract quad/vmo ➤ Patella mobility ➤ Standing balance
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Support Physician prescribed meds ➤ Reinforce use of brace and assistive device if applicable (Typically WBAT with patella stabilizing brace/ immobilizer depending on severity) ➤ Discuss frequency and duration of treatment 2-3 times per week for 6-8 weeks 	<ul style="list-style-type: none"> ➤ Reinforce use of stabilizing brace ➤ Wean from crutches if good quad control and normal gait pattern without pain
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ May complete pain free AROM and Isometrics with mindset of reducing effusion and restoring quad contraction ➤ Heel slides, quad sets, ankle pumps, and leg raises ➤ NMES is recommended for quad activities 	<ul style="list-style-type: none"> ➤ Initiate bicycle (do not force flexion) ➤ Initiate isotonic exercise in pain free ROM including wallslide, multi hip, leg press, hamstring curl, partial squat and step up. Proper form is critical including avoidance of medial column collapse (Continued NMES with quad activities is recommended) ➤ Add single leg static balance activity ➤ Initiate multi-angle isometrics with NMES
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ Avoid patella mobilization (typically hypermobile) ➤ PROM as tolerated (focus on extension) 	<ul style="list-style-type: none"> ➤ Avoid patella mobilization (typically hypermobile) ➤ Consider McConnell taping as an adjunct to bracing and quad re-education tool.
Modalities	Modalities
<ul style="list-style-type: none"> ➤ NMES is recommended for quad activity ➤ Other modalities may be used as needed for reduction of effusion and pain relief 	<ul style="list-style-type: none"> ➤ NMES is recommended for quad activity ➤ Other modalities may be used as needed for reduction of effusion and pain relief
Goals	Goals
<ul style="list-style-type: none"> ➤ Control pain ➤ Reduce effusion ➤ Restore voluntary quad contraction ➤ 0-70 degrees ROM 	<ul style="list-style-type: none"> ➤ Restore voluntary quad contraction ➤ 0-90 degrees ROM ➤ Minimal / 1+effusion ➤ FWB gait with patella stabilizing brace

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Weeks four to eight	Weeks eight to discharge
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ Gait and brace needs ➤ Quad Contraction ➤ ROM ➤ Balance 	<ul style="list-style-type: none"> ➤ Patella mobility / crepitus ➤ Any excessive joint laxity ➤ Isokinetic Strength test and/or Functional Movement Screen based on physicians preference ➤ Address any deficits that may limit return to work or sport goals ➤ HEP compliance
Patient Education	
<ul style="list-style-type: none"> ➤ May wean from brace 	
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Progress to squatting, lunging, step-up activities as appropriate ➤ Single leg isotonic exercises ➤ Single leg dynamic balance activity ➤ Progress to closed chain exercises in multiple planes and on unstable surfaces ➤ Include abdominal and glut strengthening, typical emphasis is prevention of medial column collapse 	<ul style="list-style-type: none"> ➤ Encourage participation in the CFA ➤ Cardiovascular training (bike, swim and elliptical) ➤ Begin agility and sport specific activity with physician approval ➤ Return to running (12 weeks post-op) with physician approval ➤ Return to sport (12 weeks post-op) with physician approval
Manual Techniques	
<ul style="list-style-type: none"> ➤ Any techniques as needed 	
Modalities	
<ul style="list-style-type: none"> ➤ Any as Indicated 	
Goals	Goals
<ul style="list-style-type: none"> ➤ 4+/5 strength with manual testing ➤ No effusion ➤ No noteable deficits with Functional Movement Screen ➤ Normal ROM and gait without assistive device ➤ No pain with ADL's 	<ul style="list-style-type: none"> ➤ Full strength with manual testing ➤ Discharge with full return to work or sport activity orders

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**