

ORIF Patella Fracture Post-Operative Rehabilitation Protocol

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ARTHROSCOPIC SURGERY | JOINT RECONSTRUCTION



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

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