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PATELLOFEMORAL INSTABILITY PHYSICAL THERAPY PRESCRIPTION

Diagnosis: Patellofemoral Instability

Progression of rehabilitation should be based upon the patient's ability to meet the goals of each phase. This rehabilitation protocol is designed for conservative management of a first-time acute patellar dislocation or for p reoperative management of a patient planning to undergo surgical management in the near future.

PHASE I

Goals:

- Decrease pain and swelling
- Limit range of motion and weight-bearing to protect healing tissues
- Return of muscle function
- Avoid overaggressive therapy that may lead to patellofemoral pain syndrome

Suggested Intervention:

- Bracing: set at 0° initially with ambulation, lateral buttress pad in place
- Cryotherapy
- Assess for McConnell taping
- Instruction in partial weight-bearing activities with crutches
- Electrical stimulation for activation of the VMO
- Supine SLR with minimal to no pain
- Ankle pumps for edema control
- Isometric hamstrings

PHASE II

Criteria for advancement: No significant joint effusion, no quadriceps extension lag, minimal to no pain with ADLs

Goals:

- Full ROM – pain free
- Improve quadriceps strength
- Low level functional activities
- Initiate conditioning

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Suggested Intervention:

- ___ Continue patellar bracing or taping
- ___ WBAT, d/c crutches when extension lag is no longer present
- ___ Continue electrical stimulation and modalities as needed
- ___ Continue supine SLR and add adduction/abduction SLRs
- ___ Toe raises with equal weightbearing
- ___ Closed kinetic chain exercises
- ___ Low level endurance and pool exercises

PHASE III

Criteria for advancement: Full active ROM, good to normal quadriceps strength, full weight-bearing with normal gait pattern

Goals:

- ___ Improve lower extremity/core function
- ___ Gradual return to high-level activities

Suggested Intervention:

- ___ Wean from bracing and taping as quadriceps function improves
- ___ Four-way hip exercises
- ___ Pool therapy – walking with progress to running
- ___ Sport and skill specific training
- ___ Proprioceptive training
- ___ Patient education

Criteria for Return to Full Activity: Equal ROM between lower extremities, no pain or edema, 85% strength compared with the uninvolved limb, satisfactory 1-minute single leg hop test/two-legged hop test, patellar stability with clinical tests