



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

PATELLA FRACTURE (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date:** _____

Evaluate and Treat Provide patient with home program

Frequency: 2-3 x/week x 6 weeks

Phase I: 0-4 Weeks

- **Knee Immobilizer:** *Worn at all times - taken off only for physical therapy sessions converted to hinged knee brace at first post-op visit*
- **Weight bearing:** *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: 4-8 Weeks

- **Knee Brace:** *Worn with weight bearing activities still locked in full extension – may be removed at night*
- **Weight bearing:** *Full*
- **Range of Motion:** *AROM/AAROM/PROM – add 15 degrees of flexion each week – Goal is 90 degrees by post-op week 8*
- **Therapeutic Exercises:** *Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband, initiate straight leg raises*

Phase III: 8-12 Weeks

- **Knee Brace:** *Unlocked – worn with weight bearing activities*
- **Weight bearing:** *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, start stationary bicycle*

Phase IV: 12-14 Weeks

- **Knee Brace:** *Discontinue*
- **Weight bearing:** *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: 14 Weeks - 6 Months

- **Return to full activities as tolerated**

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would X would not benefit from social services.

Date: _____

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