



## Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## PREPATELLAR BURSECTOMY

## PHYSICAL THERAPY PROTOCOL

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Patient Name:		Date of Surgery:	
Evaluate and Treat – i Provide patient with h	•		
Frequency:x/week	. xv	weeks	
Phase I (Weeks 1-2)***: Initia	l recovery.		



- ♦ Weight bearing as tolerated without assist by 48 hours post-op.
- ◆<u>ROM</u>: 1 week in a knee immobilizer with no motion of the knee. After POD#7, can progress through passive, active and active-assisted ROM as tolerated
  - Goal: Full extension by 2 weeks, 130 degrees of flexion by 6 weeks
  - ◆Patellar mobilization daily
  - ♦ <u>Strengthening</u>: quad sets, SLRs, heel slides, etc.. No restrictions to ankle/hip strengthening.

\_\_Phase II (Weeks 2-6)\*\*\*: Advance ROM and strengthening.

- ◆<u>ROM</u>: Continue with daily ROM exercises
  - Goal: Increase ROM as tolerated; aggressive end-range stretching as tolerated
- ♦ <u>Strengthening</u>: Begin and advance closed chain strengthening to full motion arc.
  - Add pulley weights, theraband, and other modalities as per PT discretion.
  - Advance to wall sits, lunges, balance ball, leg curls, leg press, plyometrics as tolerated.
  - Continue stationary bike and biking outdoors for ROM, strengthening, and cardio. Progress to sport-specific activities as tolerated.
  - Monitor for anterior knee symptoms, modulating exercises as necessary.

\*\*\*If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hrs per day x 6wks.

Heat before/after	Ice before/after exercise	
May participate in aquath	erapy after week three, b	egin aqua-running weel



	Date:	
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