

R. JOHN ELLIS, JR., M.D.
LAWRENCE A. SCHAPER, M.D.
MARK G. SMITH, M.D.
G. JEFFREY POPHAM, M.D.
AKBAR NAWAB, M.D.
MICHAEL L. SALAMON, M.D.
MATTHEW R. PRICE, M.D.



DANIEL E. RUEFF, M.D.
SEAN M. GRIFFIN, M.D.
BRENT J. SINICROPE, M.D.
EVAN RHEA, M.D.
KELSI J. BARNES, PA-C
JENNIFER R. STREET, PA-C

PATELLOFEMORAL JOINT REPLACEMENT PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be weight bearing as tolerated with a crutches or walker initially. Patient may progress from a walker/crutches to a straight cane when they can demonstrate equal weight distribution, adequate balance, and limited Tredelenburg gait or limp.
- Patients will have staples, steri-strips or glue over their surgical incision. Staples will be removed at 10-14 post-operatively, then Steri-strips will be applied for 7 days. When the Steri-strips are removed at approximately 21 days post-op, begin scar massage.
- The patient may shower avoiding excessive water over the incision. No soaking in the bathtub.
- TED hose may be used if there are circulation issues.
- Patient should ice frequently throughout the day with legs elevated to decrease excessive swelling.
- No driving for 6 weeks after surgery with right knee; 3-4weeks with left knee surgery. ***Must be off narcotic pain meds to drive.
- Patient will attend physical therapy 2-3x/week for the first 6 weeks or until patient returns to the surgeon further orders to be written.

EASTPOINT OFFICE
13151 MAGISTERIAL DRIVE, SUITE 200
LOUISVILLE, KENTUCKY 40223
Telephone 502-587-1236
Fax 502-587-0126

BOOKKEEPING DEPARTMENT
5120 DIXIE HIGHWAY, SUITE 103
LOUISVILLE, KENTUCKY 40216
Telephone 502-587-7269
Fax 502-587-0318

SOUTHEND OFFICE
5120 DIXIE HIGHWAY, SUITE 103
LOUISVILLE, KENTUCKY 40216
Telephone 502-449-0449
Fax 502-449-3277

PHASE 1: INITIAL PHASE

Post-Op Day 1 thru the first 3 weeks

- Ankle pumps
- Heel slides
- Quad Sets – may be done with Russian for Quadriceps activation
- Glut sets
- Short arc Quads
- 4 way Straight leg raise
- Long Arc Quads
- Clamshells
- Calf Stretch (long sit or standing)
- Hamstring stretch (long sitting)
- Knee extension stretch (supine or prone leg hang)
- Calf raises- focus on equal weight bearing
- Marching
- Hamstring curls
- Bike (for ROM if tolerated)
- Mini squats
- Manual therapy – patella mobilization, PA/AP tibial mobilizations (grade I/II)
- Modalities – ultrasound, interferential current

**Range of motion should be approximately 5° - 110° by the end of this phase

PHASE 2: INTERMEDIATE PHASE

Weeks 4-6

Continue with previous or modified versions of previous exercises, but may add:

- AROM 0°-120°
- Add weight to straight leg raises up to 2#
- Step Ups – (start with 4 inch and work up to 8 inch)
- Step Downs
- Standing TKE with exercise band
- Single leg stance for balance/proprio
- Partial squats in pain free range
- Manual Therapy – tibial mobilizations (grade I-III), fibular AP/PA mobilizations

PHASE 3: ADVANCED PHASE

Week 7 – 3 months

Continue with previous or modified versions of previous exercises, but may add:

- Wall squats
- Increase weight with leg raises up to 5#
- Walking program – begin at ¼ mile and gradually increase
- Upper body machines
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle. PF protection still needs to be followed.
- Golf – may begin chipping or putting at 6 weeks, driving at 3 months, and then slowly progress into a full game

PHASE 4: FINAL PHASE

3 months +

Continue with previous or modified versions of previous exercises, but may add:

- Begin using leg weight machines
- Recommended activities – elliptical, cycle, walking, aquatic exercise, low impact aerobics, yoga, tai chi, Theraball exercises
- NOT recommended – deep squatting or lunging, kneeling or plyometrics