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## **PATELLAR FRACTURE WITH ORIF PROTOCOL (Dr. Griffin)**

### **GENERAL GUIDELINES:**

- Patient will be weight bearing as tolerated in the LROM brace.
- Transfers need to be assisted for operative leg.
- Avoid active knee extension for 2 weeks.
- Limited ROM brace should initially be locked at 0° and then unlocked to 30° as tolerated for ambulation and ADL's once adequate Quad control is established.
- Sleep with the brace locked at 0° for immobilization unless otherwise instructed by M.D.
- Keep the entire leg elevated. Do not place pillows under the knee. Utilize cryotherapy for 20 to 30 minutes every hour for pain and swelling reduction.
- Keep incisions dry for 5 days but may shower anytime postoperatively.

### **WEEKS 0-6**

- Modalities as needed for pain and swelling.
- NMES for Quadriceps activation and re-education (avoid short or long arc quad)
- May perform gentle patellar mobilizations in all directions.
- Initiate gastrocnemius and hamstring stretches.
- Restore FULL knee extension within 2 weeks (low load-long duration stretching).
- Ankle ROM/strengthening for swelling and DVT prevention.
- Limit ROM to 0° for first 2 weeks. Weeks 2-4 can perform PROM 0°-30°. Weeks 4-6 ROM 0-60°. Weeks 6-8 ROM 0-90°. Full ROM after week 8.
- 3-way (ABD/EXT/ADD) open chain straight leg exercises once pain is under control and adequate QUAD control established.
- Week 2 may begin active assisted SLR and progress to active SLR by week 3 as long as there is no extensor lag.
- *Focus on knee remaining locked in concentric and eccentric phase of leg lifts. Increase reps and hold time initially, before adding resistance. No ankle weight until extensor lag is eliminated.*

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### **WEEKS 6-8**

- Increase ROM as tolerated.
- May unlock brace for sitting to 90 degrees at 6 weeks. When quad control is sufficient, unlock brace for ambulation with bilateral crutches.
- Discontinue use of crutches and brace at week 8 if patient has adequate quad control.
- Continue to increase hip resistance during FLEX/ABD/ADD/EXT open chain exercises as tolerated.
- Can initiate SAQ at week 6 (only if there is no patellar pain) and progress to LAQ.
- Progress to bilateral closed kinetic chain exercises after patient is full weight bearing.
- Soft tissue mobilizations as needed for scar and myofascial restrictions.
- Initiate stationary bike for range of motion without resistance.
- May start light aquatic exercises once good Quadriceps control is established.

### **WEEKS 9-12**

- ROM to WNL's as tolerated.
- Increase resistance with all exercises as tolerated.
- Start bilateral leg and calf press
- Initiate balance activities and progress as tolerated (ex. Weight shifts, step ups, SLS, proprioceptive training)
- Increase leg strength, allow for normal gait and walking longer distances.
- Increase resistance with stationary bike for strength and endurance training.

### **MONTHS 3-6**

- Low impact weight program increasing intensity of strength and functional training for a gradual return to normal activities.
- Week 12-14 start elliptical trainer.
- Core strengthening.
- Week 16 start with bilateral plyometric drills and progress to unilateral as tolerated by the patient.
- Initiate running program after week 16.

### **MONTHS 6-9**

- Continue with advanced strengthening program.
- Sport specific training (if applicable).
- Functional test for return to sport.

