

Kevin H. Higashigawa, MD
Windward Orthopaedic Group, Inc.

Rehabilitation for First-Time Acute Patellar Dislocation

Rehabilitation is individualized, and there is no time limit for each Phase. Patient progresses to next Phase once all Criteria are met.

Phase I:

Goals: Decrease pain and swelling
 Protect soft tissues
 Return muscle function

Rehab: R.I.C.E.
 Knee Immobilizer
 Lateral Patellar Buttress pad
 PWB with crutches
 E-stim of Quads
 Supine straight leg raises

Criteria for advancement: 1) No significant joint effusion
 2) No quadriceps extension lag
 3) Minimal to no pain with activities of daily living

Phase II:

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

Rehab: Continue patellar bracing or taping
 Weight-bearing as tolerated
 Continue electrical stimulation and modalities as needed
 Continue supine SLR and add adduction and abduction SLRs
 Toe raises with equal weight bearing
 Closed kinetic chain exercises
 Low-level endurance and pool exercises

Criteria for advancement: 1) Full Active ROM
 2) Good Quad strength
 3) Normal Gait

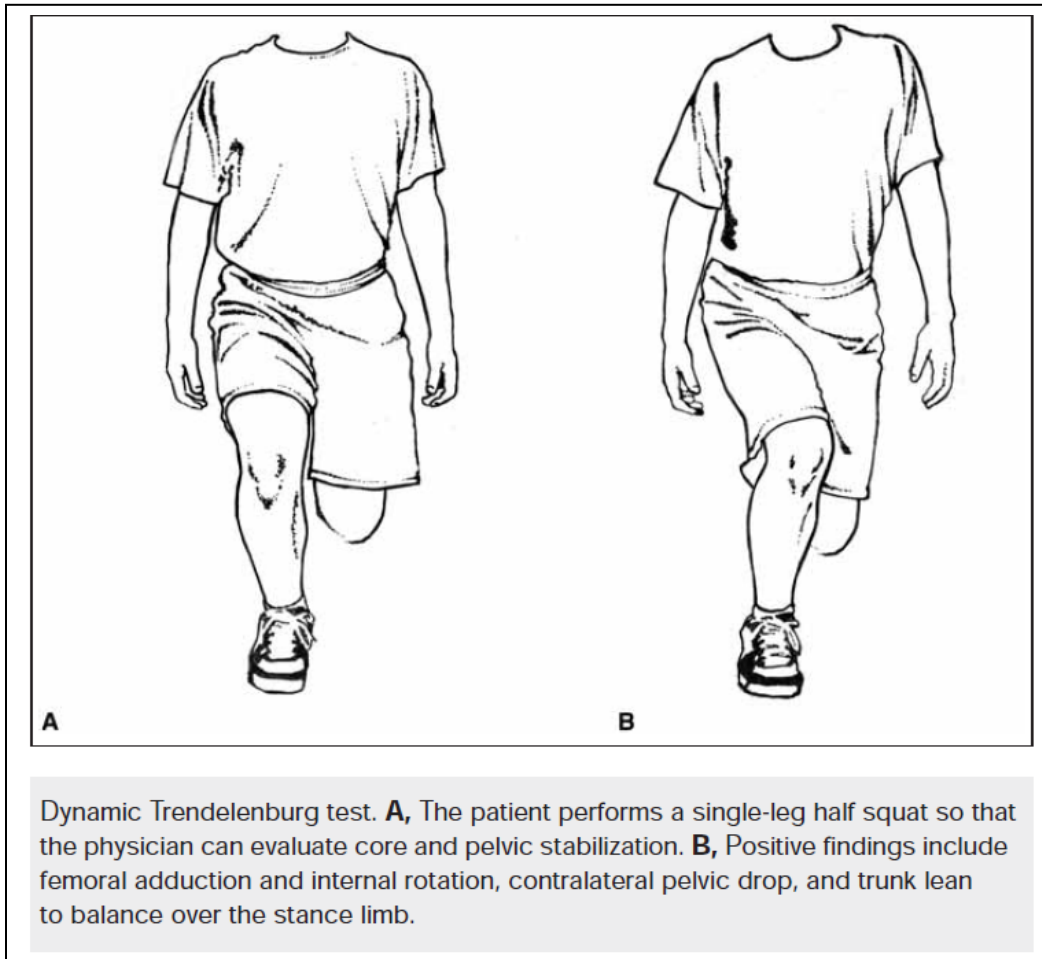
Phase III:

Goals: Improve function
Gradual return to high-level activities

- Rehab:
- Wean from bracing and taping
 - Core Strengthening
 - Pool therapy – walking with progression to running
 - Sport and skill-specific training
 - Proprioceptive training

Criteria for Return to Full Activity (8-12 wks):

- 1) No Pain or Effusion
- 2) 85% strength compared w/ uninvolved limb
- 3) Satisfactory 1-minute single leg hop test
- 4) Negative Dynamic Trendelenburg Test



Dynamic Trendelenburg test. **A**, The physician can evaluate core and pelvic stabilization during the single-leg half squat. **B**, Positive findings include femoral adduction and internal rotation, contralateral pelvic drop, and trunk lean to balance over the stance limb.