Patellofemoral Replacement Physical Therapy Protocol

Patient Name: ______________________________________ Date: _______________________

Surgery: Right/Left Patellofemoral Replacement

Date of Surgery: _______________________

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

1) **Motion**
   - Emphasis on achieving full extension
   - Sitting flexion exercises:
     - Patient sits over side of bed or chair. Flexes knee maximally, uses other leg to assist in increasing flexion. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions 3 X’s daily
   - Close chain flexion exercises:
     - Patient sits over side of bed or chair with foot on floor. Brings body forward while foot remains supported. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions 3 X’s daily
   - Stair bend exercises:
     - Patient places operated leg on step, hold rail and leans forward flexing the knee to a maximum position. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions daily.
   - Stationary bicycle as tolerated

2) **Mobility**
   - Gait training with cane in contra lateral hand weight bearing as tolerated
   - Stair walking using rail for support. Advance to reciprocating

3) **Muscle strengthening**
   - Isometric quads, hamstrings, hip abductors, hip extensors
   - No open chain extension exercises with weights on ankle
   - Terminal extension quad exercises with 1-2 pounds of weight on ankle

4) **Modalities**
   - Ice packs and cold therapy to decrease swelling
5) Communication

- Two to Three times a week for four to six weeks
- Contact my office with any question or concern
- Fax progress report on a weekly basis

Comments:

_____ Functional Capacity Evaluation  _____ Work Hardening/Work Conditioning  _____ Teach HEP

Modalities

___ Electric Stimulation  ___ Ultrasound  ___ Iontophoresis  ___ Phonophoresis  ___ TENS  ___ Heat before
___ Ice after  ___ Trigger points massage  ___ Therapist’s discretion

Signature__________________________________________ Date__________________