

PHYSICAL THERAPY PRESCRIPTION



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ORIF PATELLA FRACTURE PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: ORIF Patella Fracture

Postop	Goals	Precautions	Exercises
Weeks 0-6 HEP daily	Edema and pain control Protect surgical repair Maintain full extension Limit quad inhibition ROM 0-60°	Brace locked in extension when not performing exercises (includes ambulation and sleep) WBAT No active knee extension Avoid prolonged standing/walking Knee flexion progression: Weeks 2-4: 0-30° Weeks 4-6: 0-60°	Brace education Seated A/AA knee flexion within limits Passive knee extension Quadriceps re-education & isometrics SLR brace locked in extension Scar mobilization Patella mobilization Gait training
Weeks 6-12 HEP daily	ROM 0-125° No extensor lag Normalize gait Ascend 8" step	WBAT Brace locked ambulation & sleep Unlock brace 0-60° for ambulation, then wean from brace as tolerated No WB with flexion >90° Notify MD if knee flexion <90° by 8 weeks <110° by 10 weeks	Gait training with flexion stop at 60° once patient demonstrates good quad control A/AA knee flexion Pool ambulation (if wound OK) Patellar mobilizations Short crank → regular bike (flexion >110°) Leg press (bilateral 0-90°) Initiate forward step-up program Initiate squat program (wall slide) Proprioceptive exercises Retro-ambulation
Weeks 12-18 HEP daily	Full ROM Descend 8" step Return to normal ADLs	WBAT Avoid aggravating activities Avoid reciprocal stair decent Swimming OK at 12 weeks Running/jumping at 16 weeks	Continue flexion ROM Incorporate quadriceps flexibility exercises Advance closed chain exercise Initiate step-down program Progress squat program Isokinetic/isotonic knee extension Advanced proprioceptive training Elliptical and agility training
Weeks 18+ HEP daily	No apprehension with sport specific movements Maximize strength Improve endurance Gradual return to activity	WBAT Avoid aggravating activities Return to sport (MD directed)	Advance agility program/sport specific Plyometric program

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ **M.D.**