

Dr. John Babb

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PATELLAR MICROPICK PROTOCOL

Day 1 Post-op

- PT removes bandages on POD #3, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4's and notify Dr Babb (may need antibiotics).
- NO ice bags on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) for until wounds are scars.
- ROM: No ROM for 2 weeks
 - Patellar mobilizations
 - Add heel prop for extension and stretching
- Brace: Locked in extension at all times

Day 2-13 Post-op

- Brace: Locked in extension at all times
- Ambulation: WBAT with leg locked in extension
- **ROM:** No ROM of knee for 2 weeks
 - Patellar mobilizations
- Strengthening: Do in brace with it locked
 - Quad sets
 - o SLR- all planes

Day 14-27 Post-op

- Brace: Continue locked in extension when up-can unlock for ROM
- Ambulation: WBAT with leg locked in extension
- **ROM:** PROM 0-90
 - Patellar mobilizations
- Strengthening:
 - Continue with quad sets and SLR

Day 28-34 Post-op

• **Brace:** Continue locked in extension

- Ambulation: WBAT with leg locked in extension
- **ROM:** PROM 0-110°
- Strengthening: Continue previous exercises

Day 35-41 Post-op

- Brace: Continue locked in extension
- Ambulation: WBAT with leg locked in extension
- **ROM:** PROM 0-120°
- Strengthening: Continue previous exercises

6 Weeks Post-op

- Brace: Unlock brace
- Ambulation: WBAT with brace unlocked
- ROM:
 - PROM 0-135
 - Begin AROM knee ext.AROM in OKC as long as does not allow for articulation of lesion
 - o Recumbent bike
- Strengthening:
 - Begin gentle CKC activities
 - Total gym squats
 - Step-ups- forward and lateral
 - Front lunges
 - Wall sits
 - Balance activities

8 Weeks Post-op

- Brace: Unlocked
- Ambulation: WBAT with brace unlocked
- ROM:
 - Full AROM
- Strengthening:
 - Begin gentle CKC activities
 - Total gym squats
 - Step-ups- forward and lateral
 - Front lunges
 - Wall sits
 - Balance activities

3 Months Post-op (1-2 Visits/week)

- Strengthening:
 - Continue progressing previous strengthening/balance/proprioceptive activities
- Straight ahead jogging

- Start with 100 yds at half speed on soft level surface
- Add 100 yds every other day
- Work up to 1 mile or 1760 yds
- Begin low level, double leg jumps.
- Teach deceleration techniques with landings (step n sticks)

4 Months Post-op (1-2 Visits/week)

- May be delayed per MD decision based on size/location of lesion
- Gentle lateral movements:
 - Defensive slide
 - Floor ladder
 - Figure 8's
 - o Carioca's
- Transverse plane movements:
 - o Pivots
 - \circ Steps with rotation
- Low level plyometrics:
 - stationary jumps
 - o hops
 - skipping rope
 - Refer also to MAO plyometric program

6-8 Months Post-op (1-2 Visits/week)

- Swimming (full kicking),
- Cutting drills
- Advance sport specific drills:
 - Soccer: Hard kicks if surgery leg is kick leg, do not plant on surgery leg
 - Basketball: lay ups and jump shots, no scrimmaging or one on one
 - o Softball/Baseball: Throwing, hitting, running bases
 - Racquet sports: low level hitting against backboard
- Increase running program
 - o Speed
 - Rounded turns
 - Backpedal
 - Low level direction changes
 - Aggressive agility drills:
 - o Jump
 - \circ Hop
 - Plyometric activities
- Teach deceleration and injury prevention techniques:
 - $\circ \ \ Rounded \ turn$
 - Bent knee landings
 - 3-step stops
- Criteria for return to sport:
 - \circ Isometric quad/hamstring testing on surgery leg >/= 95% of non-surgery leg

 Functional hop testing (broad jump, single leg hop, single leg triple hop with control, single leg triple hop with crossover) on surgery leg >/= 95% of nonsurgery leg

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.