

Dr. John Babb

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PATELLAR ORIF 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, re-cover 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) until wounds are scars.
- Brace: Locked in extension at all times
- Ambulation: WBAT with leg locked in extension
- **ROM:** No ROM of knee for 2 weeks
 - No AAROM knee flexion until 5 weeks post-op
 - No active knee extension until 6 weeks post-op
- Strengthening:
 - Quad sets
 - SLR- abduction and adduction
 - Ankle pumps
 - Russian NMES to quad to improve contraction/prevent atrophy

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
 - Add heel prop for extension and stretching
 - Patellar mobilizations
- Strengthening:
 - Quad sets
 - SLR- abduction and adduction
 - o Initiate SLR- flexion with PT assist to avoid ext. lag/flexion moment
 - Ankle pumps
 - o Russian NMES to quad to improve contraction/prevent atrophy

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
 - No active knee flexion
 - Patellar mobilizations
- Strengthening:
 - Continue progressing previous strengthening activities

Day 28- 41 Post-op

- Brace: Continue locked in extension
- Ambulation: WBAT with leg locked in extension
- **ROM:** PROM 0-110
 - Initiate AAROM knee flexion at Day 35 (5 weeks post-op)
 - Patellar mobilizations
- Strengthening:
 - Continue progressing previous strengthening activities
 - No active knee extension until 6 weeks post-op

6 Weeks Post-op

- **Brace:** Unlock brace
- Ambulation: WBAT with brace unlocked
- **ROM:** PROM 0-135
 - Patellar mobilizations
 - Recumbent bike
- Strengthening:
 - Begin knee extension AROM 90-30 degrees
 - Total gym squats
 - Step-ups
 - o Wall sits
 - o Balance activities
 - o Front/lateral lunges

8 Weeks Post-op

- Brace: Unlocked
- Ambulation: normal gait pattern
- **ROM:** PROM full
 - Initiate knee flexion AROM (no isotonics)
- Strengthening:
 - Continue progressing previous strengthening activities

12 Weeks Post-op

- Ambulation: normal gait pattern
- ROM: Full
- Strengthening:
 - Initiate lateral step-ups
 - Initiate front step-downs
 - Initiate backward lunges
 - Walking program
 - Continue progressing previous strengthening activities
 - Initiate hamstring isotonics (possibly at 10 weeks post-op if cleared by MD)

5-7 Months Post-op

• Straight ahead running

- o 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
- Gentle lateral movements:
 - Defensive slide
 - Floor ladder
 - Figure 8's
 - Carioca's
- Transverse plane movements:
 - o Pivots
 - Steps with rotation
- Low level plyometrics: stationary jumps, hops, skipping rope. Refer also to MAO plyometric program
- Golf and Outdoor bike

7-9 Months Post-op

- Possible return to sport at 9 months if cleared by MD
- 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
 - Softball/Baseball: Throwing, hitting, running bases
 - Racquet sports: low level hitting against backboard

• Increase running program

- o Speed
- Rounded turns
- o Backpedal
- Low level direction changes

• Aggressive agility drills:

- o Jump
- о Нор

- Plyometric activities
- Teach deceleration and injury prevention techniques:
 - Rounded turn
 - o 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.