



Non-Operative Patellar Dislocation Guideline

Individual patient circumstances may affect the guideline
(tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-1	<ul style="list-style-type: none"> • Reduce muscle atrophy • Reduce swelling • Decrease pain and inflammation • SLR without extensor lag • PROM 0-70° 	<ul style="list-style-type: none"> • Avoid patellar mobilizations • Bracing per physician • Closed-chain strengthening 0-60° 	<ul style="list-style-type: none"> • PRICE <ul style="list-style-type: none"> ○ Cryotherapy: 5-7 times per day ○ Compression with TubiGrip/TEDS • AROM – pain-free • Multi-angle isometrics • NMES as needed • Heel slides, quad sets, ankle pumps, SLR, etc.
Weeks 2-4	<ul style="list-style-type: none"> • Normalized ROM • Proper gait mechanics • Restore quad control • Minimal effusion 	<ul style="list-style-type: none"> • Continue brace wear per physician instructions • Avoid forcing flexion • Open-chain strengthening 90-40° 	<ul style="list-style-type: none"> • ROM: as tolerated • Initiate pain-free closed-chain strengthening as tolerated • Wall slide, multi-hip, leg press, hamstring curl, partial squat, step up • Continue NMES as needed • Cardiovascular: bike (do not force flexion)
Weeks 4-8	<ul style="list-style-type: none"> • Normalize ROM • No effusion • No pain with ADLs • Knee extension strength within 80% symmetry with muscle testing 	<ul style="list-style-type: none"> • May discharge brace or transition to J-brace with activities 	<ul style="list-style-type: none"> • ROM: as tolerated • Progress closed-chain strengthening through greater ranges of motion and various planes • Double leg to single leg strengthening • Progress proprioceptive exercises • Cardiovascular: bike, elliptical, aquatic as applicable
Weeks 8+	<ul style="list-style-type: none"> • Full ROM • No effusion • No evidence of patella instability • Knee extension strength within 90% symmetry with muscle testing 	<ul style="list-style-type: none"> • May consider return to sport or running with physician approval • Avoid any patellar instability 	<ul style="list-style-type: none"> • Progress hypertrophy and strength training • Initiate plyometric program • Initiate movement progress into various planes • Initiate return to running program

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.