



REHABILITATION GUIDELINES FOR PROXIMAL PATELLOFEMORAL REALIGNMENT(LATERAL RETINACULAR RELEASE +/- MEDIAL REAFING)

Most proximal realignment procedures are not performed with a concomitant distal realignment. However, the limiting procedure for physical therapy for patellofemoral realignment is whether distal realignment is performed or not. Therefore, if distal realignment has been performed, then please refer to the distal realignment guidelines.

Stage 1(Day 1-4 weeks):

ROM: hinged knee splint locked at 0 degrees; intermittent active and active assisted flexion with passive extension for 5-10 minutes QID; patellar mobilization; stay within 0-95 degrees ROM; brace off for controlled physical therapy and range of motion.

Strength: isometric hamstrings utilizing an endurance program of 10-40 repetitions per set with 5 sets per day

Weight bearing: 100% with brace locked in full extension

Modalities: EMG biofeedback to hamstrings (not quadriceps) prn; EMS to hamstrings(not quadriceps) prn; cryotherapy, patellofemoral education, ankle pumps

Sports: none.

Stage 2(4 weeks-6 weeks):

ROM: advance ROM as tolerated; brace at 0-60 degrees when ambulating; brace off for controlled physical therapy and range of motion.

Strength: light quadricep PREs as pain/swelling allows

Weightbearing: 100% with brace at 0-60 degrees

Modalities: prn-as above

Sports: none.

Stage 3(6 weeks-8 weeks):

ROM: increase as tolerated; d/c brace

Strength: progress with “Nonoperative patellofemoral program”

Weightbearing: full

Modalities: as above.

Sports: none

Stage 4(8 weeks and beyond):

ROM: as tolerated; knee brace off

Strength: “Nonoperative patellofemoral program”

Modalities: prn

Sports: progress through graduated running program such as “functional rehabilitation program”

Resume main sports if patient has obtained near full ROM and has obtained at least 80% of quad and hamstring strength as compared to the other extremity. Usually back to full sports by 3-4 months. Progress through work conditioning, if applicable.

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