

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	<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• Closed-chain strengthening 0-60°• Open-chain strengthening 90-40°	<ul style="list-style-type: none">• ROM: as tolerated• Initiate pain-free closed-chain strengthening at low knee flexion angles• 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.