Patella Instability Nonoperative Protocol

	Phase I: 1-2 weeks	Phase II: 3-6 weeks
Weight-Bearing and Immobilization	 WBAT Hinged knee brace 0-90° and may progress to full ROM when excellent quadriceps control/strength 	 WBAT Discontinue brace when excellent quadriceps control/strength, stable normalized gait, and resolution or significant improvement in knee effusion
Aerobic	• None	 Stationary bike for ROM (minimal resistance, elevated seat height)
Range of Motion (ROM) and Strengthening	 Emphasis on regaining full extension Heel slides 0-90° Ankle pumps Isometric quadriceps sets May progress to full ROM in hinged knee brace when excellent quadriceps control/strength 	 Continue exercises from Phase I Gentle patellar mobilization exercises Progress to full and symmetric ROM Begin progressive strengthening when full or near-full ROM, excellent quadriceps control, stable normalized gait, and resolution of knee pain and effusion Mini squats Hip external rotators and abductors Core Leg press Leg extensions Straight leg raise Begin two-leg balance and proprioception exercises
Other	 Modalities as needed to reduce swelling and improve muscle recruitment Home Exercise Program (HEP) per discretion of Physical Therapist 	
Goals	 Pain control Reduce effusion Protection of tissue healing Minimize joint stiffness 	 Progress to full and symmetric ROM Begin strengthening program Begin balance and proprioception exercises

	Phase III: 6-10 weeks	Phase IV: 10-12+ weeks
Weight-Bearing and Immobilization	 WBAT No immobilization necessary May use a patella stabilization brace during activity according to patient preference 	
Aerobic	 Advance through following progression as tolerated Continue stationary bike (may increase resistance and lower seat to regular height when 115° of knee flexion) Initiate retro treadmill with 3% incline for quadriceps control and advance incline as tolerated Stair climber 	 Begin walk-jog-run progression and sport-specific drills as tolerated when: Quadriceps strength >80% of contralateral side Active ROM 0-125° Functional hop test >70% contralateral side No pain or swelling Good lower extremity control and landing mechanics on jump-downs Gradual progression to include zigzags, lateral shuffles, hops, jumps, cuts, and sport-specific drills Return to sports when: Full active ROM Quadriceps and hip external rotator strength >90% of contralateral side Functional hop test >90% contralateral side Completion of running program No pain or swelling
Range of Motion (ROM) and Strengthening	 Continue exercises from Phase II Advance strengthening exercises with additional exercises and/or increased resistance/weight Wall or ball squats Step-up and step-down progression Begin step-up and step-down progression with gradually increasing heights (4-, 6-, 8-, 12- inches) Progress to one-leg balance and proprioception exercises Lateral step-out with bands Sportcord/bungee walking At week 9, may begin slide board At week 9, may begin plyometric program 	 Continue exercises from Phase III Begin resistance open-chain knee extension exercises Begin jump-downs with double-stance landing
Other	 Modalities as needed to reduce swelling and improve muscle recruitment Home Exercise Program (HEP) per discretion of Physical Therapist 	
Goals	 Advance strengthening exercises Advance balance and proprioception Begin plyometric program 	 Gradual return to running, sport-specific drills, and full sports when aforementioned criteria met Begin to wean from supervised PT