PATELLOFEMORAL JOINT REPLACEMENT PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be weight bearing as tolerated with a crutches or walker initially. Patient may progress from a walker/crutches to a straight cane when they can demonstrate equal weight distribution, adequate balance, and limited Tredelenburg gait or limp.

- Patients will have staples, steri-strips or glue over their surgical incision. Staples will be removed at 10-14 post-operatively, then Steri-strips will be applied for 7 days. When the Steri-strips are removed at approximately 21 days post-op, begin scar massage.

- The patient may shower avoiding excessive water over the incision. No soaking in the bathtub.

- TED hose may be used if there are circulation issues.

- Patient should ice frequently throughout the day with legs elevated to decrease excessive swelling.

- No driving for 6 weeks after surgery with right knee; 3-4 weeks with left knee surgery. ***Must be off narcotic pain meds to drive.

- Patient will attend physical therapy 2-3x/week for the first 6 weeks or until patient returns to the surgeon further orders to be written.
PATELLOFEMORAL JOINT REPLACEMENT PROTOCOL

PHASE 1: INITIAL PHASE

Post-Op Day 1 thru the first 3 weeks

- Ankle pumps
- Heel slides
- Quad Sets – may be done with Russian for Quadriceps activation
- Glut sets
- Short arc Quads
- 4 way Straight leg raise
- Long Arc Quads
- Clamshells
- Calf Stretch (long sit or standing)
- Hamstring stretch (long sitting)
- Knee extension stretch (supine or prone leg hang)
- Calf raises- focus on equal weight bearing
- Marching
- Hamstring curls
- Bike (for ROM if tolerated)
- Mini squats
- Manual therapy – patella mobilization, PA/AP tibial mobilizations (grade I/II)
- Modalities – ultrasound, interferential current

**Range of motion should be approximately 5° - 110° by the end of this phase**

PHASE 2: INTERMEDIATE PHASE

Weeks 4-6

Continue with previous or modified versions of previous exercises, but may add:

- AROM 0°-120°
- Add weight to straight leg raises up to 2#
- Step Ups – (start with 4 inch and work up to 8 inch)
- Step Downs
- Standing TKE with exercise band
- Single leg stance for balance/proprio
- Partial squats in pain free range
- Manual Therapy – tibial mobilizations (grade I-III), fibular AP/PA mobilizations
PHASE 3: ADVANCED PHASE

Week 7 – 3 months
Continue with previous or modified versions of previous exercises, but may add:

- Wall squats
- Increase weight with leg raises up to 5#
- Walking program – begin at ¼ mile and gradually increase
- Upper body machines
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle. PF protection still needs to be followed.
- Golf – may begin chipping or putting at 6 weeks, driving at 3 months, and then slowly progress into a full game

PHASE 4: FINAL PHASE

3 months +
Continue with previous or modified versions of previous exercises, but may add:

- Begin using leg weight machines
- Recommended activities – elliptical, cycle, walking, aquatic exercise, low impact aerobics, yoga, tai chi, Theraball exercises
- NOT recommended – deep squatting or lunging, kneeling or plyometrics