

Rehabilitation Protocol: First-Time Patellar Dislocation – Non-Operative

Goal: early active full ROM and strengthening of the dynamic knee stabilizers. **Avoid immobilization** – use a non-motion-restricting patellar stabilizing brace as needed for comfort (no set duration). **Weight bearing as tolerated** with no restrictions; crutches as needed. Progression is criteria-based. Please contact our office with any questions or concerns.

☐ **Acute Phase: Weeks 0–4**

- **Goals:** Control effusion; restore early active ROM and prevent stiffness; overcome quadriceps inhibition
- **Effusion:** Cryotherapy and compression
- **Patellar taping or J-brace:** Patellar taping for pain relief and a sense of stability (associated with better muscle preservation and ROM), or a lateral J-brace instead if preferred; continue if helpful
- **ROM:** Early, active full ROM – heel slides for flexion, heel props for full extension
- **Quadriceps activation:** Neuromuscular re-education with VMO focus; biofeedback; NMES to the quadriceps
- **Core:** Pallof press, rotation exercises, side planks as tolerated
- **Criteria to Progress:** ROM approaching the other side; early quadriceps and hip strength gains; swelling controlled

☐ **Intermediate Phase: Weeks 4–6**

- **Goals:** Nearly full ROM; strengthen dynamic knee stabilizers; restore functional strength
- **Open chain:** Seated knee extension in 90–50° of flexion only (limits patellofemoral compression)
- **Closed chain:** Goblet squats, single-leg anterior touchdowns, lateral step-downs – start at 0–50° of flexion and progress deeper as tolerated; knee over toes, no dynamic valgus
- **Functional:** Address individual deficits (e.g., stair descent with eccentric quadriceps control)
- **Proximal stability:** Continue core; hamstring and hip abductor strengthening
- **Criteria to Progress:** ROM symmetric to the other side; improving quadriceps, hamstring and hip strength; closed chain exercise with good mechanics; VMO activation restored

☐ **Late Phase: Weeks 6–8+**

- **Goals:** Restore full strength (80–100% limb symmetry); prepare for return to activity; build confidence
- **Strengthening:** Progressive, higher-intensity loading
- **Plyometrics:** Mini hops, progressing in intensity and complexity
- **Sport-specific:** Cutting and pivoting drills specific to the patient's sport

Return to Sport: Full sport activity after 3 months, once all criteria are met

- Full passive ROM; no effusion; neuromuscular control with dynamic activity; psychological readiness
- Quadriceps and hip abduction strength $\geq 90\%$ of the other side (isokinetic preferred; seated leg extension alternative)
- Y-Balance: ≤ 4 cm difference anterior, ≤ 6 cm posteromedial/posterolateral; triple hop for distance $\geq 90\%$ limb symmetry

Contact Our Office

- Recurrent dislocation or subluxation, locking/catching or a new large effusion