

Phase I: Maximal Protection

1. Relieve pain and swelling
2. Normalize biomechanics, gait
3. Limit muscle atrophy
4. Maintain flexibility
5. Avoid excessive knee flexion

WBAT, crutches prn if abnormal gait -> progress to FWB as tolerated with normal gait

Utilize modalities for pain, inflammation and quad activation

Progress to full, pain free ROM

No loaded exercises >45 degrees knee flexion

Patella stabilizing brace or McConnell taping PRN

Patient education/activity modification for HEP

Exercises:

Bike for ROM

Heel slides

Quad activation/TKE

Straight leg raises (flexion, abduction, extension, adduction if tolerated)

Gluteal/posterior chain strengthening (ie: clam shells, bridges)

Core strengthening

Proprioceptive exercises

Criteria to progress

No recurrent knee effusion

Normalize gait

Maintain adequate quad activation/control

Phase II – Transition/Strengthening

1. Progress strengthening (Bilateral to unilateral)
2. Begin functional movement exercises
3. Enhance proprioception
4. Assess kinetic chain and biomechanical concerns

Ensure glute med strength for pelvic control

Biomechanical assessment

May discontinue brace/tape (therapist's discretion)

Patient education/activity modification for HEP

Exercises:

Leg press

Begin step up/down progression

Squat progression up to 90 degrees

Multi-hip exercises

Monster walks

Core strengthening

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Proprioception progression

Criteria to progress:

- Balanced bilateral strength/endurance
- Achieve proper biomechanics/gait
- Appropriate symmetrical proprioception

Phase II: Return to Activity/Sport

1. Improve lower extremity biomechanics during functional activity
2. Progress unilateral dynamic muscular control
3. Enhance single limb power production
4. Advance lower extremity strength/core/proprioception

Begin running/jumping progression

Plyometric progression

Demonstrate proper biomechanics at fatigue state

Confidence and stability with high intensity change of direction and sport specific activities

Revised ***