Connecticut Orthopaedics

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Sports Medicine/Foot & Ankle

General Knee/Patella
PT Protocol

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 McConnel 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
- 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 ***