



Matthew Gotlin, MD
159 East 74th Street
New York, NY 10021

REHAB PROTOCOL: ORIF Patella

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I: 0-2 Weeks

- **Knee Immobilizer:** Worn at all times – taken off only for physical therapy sessions converted to hinged knee brace at first post-op visit
- **Weightbearing:** WBAT with the knee locked in extension
- **Range of Motion:** AROM/AAROM/PROM 0-30 degrees
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises

Phase II: 2-6 Weeks

- **Knee Brace:** Worn with weightbearing activities still locked in full extension– may be removed at night
- **Weightbearing:** WBAT in knee brace locked in extension
- **Range of Motion:** AROM/AAROM/PROM – add 15 degrees of flexion each week – **Goal is 90 degrees by post-op week 6**
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises, Initiate straight leg raises

Phase III: 6-10 Weeks

- **Knee Brace:** Unlocked – worn with weightbearing activities
- **Weightbearing:** Full
- **Range of Motion:** AROM/AAROM/PROM – progress to full ROM by post-operative week 10
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, ankle theraband exercises, Initiate straight leg raises

Phase IV: 10-12 Weeks

159 East 74th Street
New York, NY 10021
Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310
Scarsdale, NY 10583
Tel: 914-725-6970 Fax: 914-725-6972

1600 Stewart Ave, Suite 100
Westbury, NY 11590
Tel: 516-243-8506 Fax: 212-734-0407

1870 Richmond Road
Staten Island, NY 10306
Tel: 718-285-7118 Fax: 212-734-0407

161 Atlantic Avenue
Brooklyn, NY 11201
Tel: 212-737-3301 Fax: 212-734-0407

200 West 13th Street, 6th Floor
New York, NY 10077
Tel: 212-737-3301 Fax: 212-734-0407

9226 Kennedy Boulevard
North Bergen, NJ 07047
Tel: 212-737-3301 Fax: 212-734-0407

- **Knee Brace:** Discontinue
- **Weightbearing:** Full
- **Range of Motion:** Full
- **Therapeutic Exercises:** Isometric quadriceps/hamstring/adductor/abductor strengthening, Ankle theraband exercises, Initiate straight leg raises, Start stationary bicycle

Phase V: 3-6 Months

- Return to full activities as tolerated

Comments:

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____

Date: _____