

Patellofemoral OATS Post-Operative Protocol

0-4 Weeks

- WBAT x6 wks with brace locked at 0 degrees
- Hinged, Double-Upright Brace in full extension
- Quadriceps and adductor isometrics may use in conjunction with BFR
- SLR's into flexion, extension, abduction, and adduction (AAROM → AROM)
- Passive and AAROM (ROM limited to 0-30 knee flexion for 2 weeks, progress to 90 for 4 more weeks)
- Manual and self-mobilizations for hamstrings, gastrocnemius, hip flexors and ITB/Lateral retinaculum
- Gentle patella, Fibular head and scar mobilization
- NMES for quadriceps re-education daily
- Cryotherapy and cryokinetics for pain

4-6 Weeks

- Continue hinged, double-upright brace in full extension
- Progressive WBAT, Brace still must be locked at 0 degrees
- Initiate PWB closed kinetic chain strengthening, short arc
- Continue core strength and stability
- Begin gentle quadriceps stretching as tolerated (concentrating on proximal attachment limiting knee flexion to less than 120 degrees)
- Continue gentle patella, Fibular head and scar mobilization
- Begin proprioception exercise on stable surface

6-12 Weeks

- Discontinue hinged, double-upright brace in full extension
- Full weight bearing
- Begin gait training and standing proprioceptive training on unstable surface
- Progress closed kinetic chain strengthening for lower extremity
- Progress OKC and CKC strengthening for hip
- Continue gentle patella, fibular head and scar mobilization
- Continue core and hip strength and endurance

12-24 Weeks

- Continue gait training and proprioceptive training
- Progress closed and open kinetic chain strengthening for lower extremity (Avoid hyperflexion at knee and full open kinetic chain knee extension)
- Continue lower extremity strengthening
- Begin light jogging, progress to light recreational activities by 20-24 weeks
- Continue NMES for quadriceps re-education PRN
- Continue cryotherapy for pain/edema/effusion PRN
- Begin agility drills in single, frontal and sagittal planes
- Pivoting to begin at 4.5 months
- Assess posture and functional movement patterns. Corrective exercise as needed