

ORIF Patella (Conservative) Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
 - Surgical site evaluation (see below for instructions)
 - Brace/sling education and adjustment as needed
 - Review of therapy protocol, expectations, and plan
 - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
 - Incisions are closed with one or combination of below methods
 - Staples
 - Nylon sutures (black sutures)
 - Monocryl sutures covered with steristrips or glue
 - Prineo dressing (clear adherent glue dressing)
 - Anytime the dressing is changed or examined, **please wash hands** prior with antibacterial soap.
 - There will be gauze and padding over the incisions and the extremity may be wrapped with an ACE wrap. The surgical dressing should be changed by the therapist using **sterile** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips or glue dressing. DO NOT remove sutures or staples. The new dressing should include dry gauze and ACE wrap. Before the new dressing is applied the wounds should be clean and dry (without removing steri strips or glue dressing). Please do not use tegaderm unless it was used at the time of surgery or if specifically stated on the orders. If there are any concerns with the incisions or dressings, the therapist should call the office immediately – (219) 250-5038.
 - Unless otherwise instructed, incisions must remain dry for 7 days. They must be sealed off in the shower. The Prineo dressing/glue dressing is water resistant, and incisions covered by this dressing may get wet after 3-5 days. Once you are permitted to get the incisions wet, warm soapy water should **gently** rinse the surgical area. Do NOT scrub the area. Pat the area dry with a clean towel and keep free of lotions or creams. Do NOT soak in a pool, bath or hot tub until permitted by the surgeon's office. Please wear clean clothes following shower and be conscious of any pet hair or other contaminants near the surgical area. Do not apply any ointments or medications to the area.

*****Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.*****

Phase I (0-6 weeks):

Period of protection. A home-program alone may suffice for this period of time. This protocol is conservative. Would be used for a non-athlete or sedentary individual.

Formal PT may be helpful after 4 weeks once ROM is initiated in the brace.

- WBAT with crutches unless otherwise indicated by surgeon, brace locked in extension during all weight-bearing activity and during sleep.
- ROM: No active extension or forced passive flexion.
All ROM should be non-weightbearing and with the brace on, following the progression below:
0-4 weeks: Brace locked in full extension (0 degrees).
4-5 weeks: Brace unlocked from 0-30 degrees.
5-6 weeks: Brace unlocked from 0-60 degrees.
6-7 weeks: Brace unlocked from 0-90 degrees.
- Ankle/Hip: ROM exercises 2-3 x per day.
- Strict elevation above the heart while seated.
- No quadriceps strengthening until at least 6 weeks post-op.

Phase II (6-12 weeks):

Begin regular, supervised strengthening with therapist and wean from the brace.

- Wean from crutches, then D/C brace once ambulating with a normal gait and can perform SLR without an extension lag.
- ROM: After 7 weeks post-op, brace fully unlocked; advance active and active-assisted ROM as tolerated; gentle passive stretching at end-range.
Goal: 0-120 degrees or greater by 12 weeks.
- Strengthening: Begin isometric quad sets, SLRs
- Progress to closed chain strengthening (no open-chain) once out of the brace

Phase III (3-6 months):

Begin more advanced conditioning.

- Advance strengthening as tolerated, continue closed-chain exercises. Increase resistance on equipment.
- At 5 months, could begin jogging, plyometrics- if applicable. This is patient specific.
- Begin to wean patient from formal supervised therapy encouraging independence with home exercise program by 6 months.

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____