



Patellofemoral Arthroplasty Rehab Protocol

Description of Procedure: A bone and joint sparing resurfacing technique. The affected arthritic cartilage and a small amount of underlying bone in the patellofemoral compartment are removed and then replaced with metal (trochlea) and plastic (patella) components with attention to soft tissue balancing and alignment.

Safety Warning: Quadriceps weakness may persist many days. Until full quadriceps function is present, collapse and fall are risks to be avoided.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I: 0 to 6 Weeks	Weight bearing as tolerated with use of two crutches. Once a straight leg raise can be performed without extension lag, progress to one crutch as tolerated and then full weight bearing with normalized gait pattern; no limping.	Brace is worn when ambulating until independent straight leg raise can be performed without extension lag	Goal: To achieve active range of motion as soon as tolerated	<p>1 to 4 Days: Prone hangs, heel props, heel slides, quad sets, SLR, hamstring isometrics - complete exercises in brace if quad control is inadequate; core proximal program; normalize gait; FES biofeedback as needed; standing, with two crutches for support, perform mini dips (0 to 20°); progress from majority of weight on non-operative extremity to operative extremity</p> <p>5 Days to 2 Weeks: Continue heel props and prone hangs; begin wall slides-mini dips to 30° in brace</p> <p>2 to 4 Weeks: Incorporate use of stationary bike (high seat, low resistance) and patellar mobilization exercises after surgical dressing is removed</p> <p>4 to 6 Weeks: Maintain full ROM; continue core exercise program; stationary bicycle; proprioceptive training; continue patellar mobilizations</p>
Phase II: 6 to 12 Weeks	Full weight bearing with normal gait	None	Full active range of motion	Begin walking program; increase endurance and strength; continue core exercise program and use of stationary bike