



**Rehab Practice Guidelines for:
Proximal Realignment Surgery**

Assumptions: Soft tissue healing for the proximal repair (4-6 weeks)

Primary surgery: Medial re-alignment of the VMO
Secondary surgery (possible): Limited lateral release

Precautions: **WBAT in immobilizer first 4 weeks**
No NMES over the VMO (Protect suture repair)
Perform protected electrical stimulation program
No restrictions on passive knee ROM

Expected # of visits: 20-36 visits

<u>Week 1</u>	Treatment	Milestones
<p>Early Post-Op Phase</p> <p>In immobilizer and using crutches for ambulation</p> <p>2-3 times / week</p> <p>TOTAL VISITS 2-3 visits</p> <p>TOTAL VISITS 2-3 visits</p>	<p>Protected Electrical Stimulation Program</p> <p>Knee stabilized isometrically at 30 degree knee flexion</p> <p>Patella taped medially</p> <p>Electrodes over proximal and distal quad (Do not place stim over the VMO, go proximal)</p> <p>10 second on/50 second off 10-15 contractions</p> <p>Treat impairments</p> <p>Improve quadricep strength and control - active superior patellar glide</p> <p>Prevent lateral scarring</p> <p>Include ITB stretching in clinic and home</p> <p>Modalities for pain control of distal ITB/Lateral PF ligament (PRN)</p>	<p>Full active quadriceps contraction with superior patellar glide</p> <p>Full passive knee extension</p> <p>WBAT in immobilizer (use crutches until safe without)</p>



<p><u>Weeks 2-6</u></p> <p>Intermediate Post-op Phase</p> <p>In immobilizer or locked knee brace until week 4 for ambulation</p> <p>2-3 times / week</p> <p>TOTAL VISITS 12-18</p>	<p>Incision Site Desensitization (PRN)</p> <p>Restore patellar mobility (clinic and home program), active and passive superior glide</p> <p>If flexion ROM is a concern, can use a hinged knee brace, locked during ambulation</p> <p>Gait training: + quad lag need to be in immobilizer or locked knee brace and/or crutches - quad lag can DC the immobilizer</p> <p>4-6 weeks: Begin closed chain activities: i.e.-partial wall squats</p>	<p>Full knee extension and flexion to 90° by week 2</p> <p>Knee flexion > 120° by week 6</p> <p>SLR without quad lag by week 6</p> <p>Ambulating without an immobilizer by week 6</p>
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<p><u>Weeks 7-16</u></p> <p>Late Post-Op Phase 1-3 times / week</p> <p>TOTAL VISITS 20-36</p>	<p>Resistive quad exercise may progress to angles greater than 30-40 degrees of knee flexion</p> <p>NMES may progress to angles greater than 30°</p> <p>No MVIC until 8 weeks</p>	<p>Full ROM</p> <p>Ambulating without a brace</p> <p>Running progression initiated when: quadriceps index \geq 80%, ROM is full and patient is \geq 12 weeks post-op</p>
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Considerations:

1. Full functional return for ADL's expected in 3-4 months
2. No Burst testing and Functional Hop testing until 16 weeks post-op
3. Return to Sports expected in 4-6 months