



Yuri Lewicky MD

1840 N. Jasper Dr.

Flagstaff, Az 86001

Phone (928) 226-2900 Fax (928) 774-7767

Nonoperative Management Patellar Dislocation Protocol:

Nonoperative management for patellar dislocations: The patient is being treated for an acute on chronic / 1st time patellar instability event. Their most recent patellar dislocation spontaneously reduced / required assistance for reduction. A knee aspiration was performed today to allow the patella to sit more anatomically and maximize Tx. The patient is allowed to fully weight bear with crutch support and a hinged knee brace locked in full extension at 0 degrees with a Concise PTO brace to be wore at the same time for the first 3 weeks. Straight leg raises and quadriceps contractions are started immediately in the brace. After 3wks, heel slides and gentle motion are allowed in the brace, avoiding flexion beyond 90 degrees. At 6 weeks knee flexion is increased to "as tolerated" and progressive quadriceps strengthening is begun. The hinged knee brace will be discontinued at 6 weeks. The Concise PTO brace will be continued for patellar medialization. Physical therapy is begun at 6-week post injury and focuses on co-contraction exercises, closed chain quadriceps strengthening, and vastus medialis obliquus strengthening while avoiding deep knee flexion. All braces can be discontinued at the discretion of the physician at three months post injury.