

Patella Fracture ORIF Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Unstable / comminuted fracture: ☐ Partial patellectomy / tendon advancement: ☐	Other Precautions:
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Parameters above are patient-specific and supersede the general timeframes below; advance with radiographic healing and surgeon clearance after the 6-wk visit.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–6	Weight Bearing & Immobilization - WBAT with crutches - Brace locked in extension for walking and sleep	Motion - Out of brace: 0–90° wks 0–4; 0–120° wks 4–6 (seated or wall slides) - Gentle patellar mobilization If unstable / comminuted: knee straight (no flexion) wks 0–2; then 0–30°, adding 15° per week to 90° by 6 wks If partial patellectomy: 0–60° wks 0–4, 0–90° wks 4–6	Strengthening & Function - Quad and hamstring sets, ankle pumps - SLR in the locked brace from wk 2–3 - No resisted knee extension; BFR from 2 wks if available
► Advance to Phase 2 when: healing on 6-wk radiographs, SLR without lag.			
Phase 2 Weeks 6–12	Weight Bearing & Immobilization Wean brace (unlocked) and crutches over 2 wks; brace off once SLR without lag	Motion - Full ROM as tolerated If unstable / comminuted: progress gradually to full by ~10 wks	Strengthening & Function - Bridges, calf raises, step-ups, balance; bike from 6 wks - Leg press and squats to 90° from 8–10 wks; elliptical, pool
► Advance to Phase 3 when: normal gait, full ROM, union on radiographs.			
Phase 3 Weeks 12–24	Weight Bearing & Immobilization No restrictions once united	Motion Maintain full ROM; kneeling as tolerated	Strengthening & Function - Progressive quad strengthening - Running ~4 mo with quad strength ≥80%; agility and sport 5–6 mo
► Full Release (typically 5–6 months): radiographic union, full ROM, no extensor lag, quad strength ≥90% and hop testing ≥90% of the other side for sport, cleared by physician. Hardware irritation is common.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.