Nonoperative Patellar Dislocation Rehabilitation Protocol

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For patients selected for nonoperative care after lateral patellar dislocation. Follow the referring clinician's orders for bracing, weight bearing and range of motion (ROM). The early extension-lock and flexion restrictions below apply when prescribed. Individualize progression to effusion, motion, quadriceps control and apprehension. Reassess for recurrent instability, mechanical locking or a new large effusion.

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0–2	• Reduce pain and effusion. • Protect healing medial patellar tissues. • Limit quadriceps atrophy.	• Use a knee immobilizer or brace locked in extension when prescribed. • Hold knee flexion during the prescribed protection period. • Avoid patellar mobilization.	• Weight bear as tolerated in the prescribed brace. • Activate quadriceps. Use neuromuscular electrical stimulation (NMES) as needed. • Strengthen the hip in all planes. • Use protection, rest, ice, compression and elevation as appropriate. Ice 5–7 times daily as tolerated. • Record baseline FOTO.
Weeks 2–4	• Reduce swelling and restore pain-free daily activity. • Recover full knee ROM and quadriceps activation. • Normalize gait without an assistive device.	• Transition to a patellar-stabilizing brace when quadriceps control permits, per clinician orders. • Avoid lateral patellar glides and dynamic valgus.	• Advance knee ROM as allowed and stretch as tolerated. • Continue quadriceps, gluteal and core strengthening. • Retrain gait, including backward treadmill walking if appropriate. • Add single-leg proprioception. Ice 2–5 times daily as needed.
Weeks 4–8	• Build strength, endurance, power and balance. • Progress toward work, agility and jumping demands.	• Use the patellar-stabilizing brace for sports or strenuous work through week 12 of rehab if prescribed. • Progress impact once swelling is controlled, gait and motion are restored, and single-leg loading is controlled without apprehension.	• Advance functional strengthening and dynamic balance. • Introduce single-plane agility, progressive jumping and a graduated return-to-run program as tolerated.
Weeks 8+	• Meet return-to-sport criteria. • Progress from sport-specific drills to participation.	• Return to sport requires clinician clearance. The Mayo protocol gives an approximate 8–24 week window. • Target ≥90% limb symmetry on isokinetic strength and functional testing, with controlled mechanics and no recurrent instability.	• Test knee flexion and extension at 90°/s and 180°/s. • Assess single, triple and crossover hops, timed T-test and three-direction Y-Balance. • Progress multiplanar agility and sport-specific drills.