EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Patella Fracture ORIF

Brace-protected weight bearing with staged flexion and delayed extensor loading

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Fixation strength and fracture pattern determine ROM. The postoperative order takes priority over the ranges below.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-2 weeks	WBAT in brace locked in extension	ROM commonly 0-30 degrees; no resisted open-chain quadriceps
2-6 weeks	Brace locked for gait	Increase flexion gradually toward 90 degrees by week 6
6-12 weeks	Unlock/wean brace with quad control	Restore full ROM and begin closed-chain strength
3-9 months	Impact only after healing and strength	Running, plyometrics, and sport in stages

PHASE-BY-PHASE PLAN

Phase 1 | Protect fixation (0-2 weeks)

- **Priorities:** Protect the repair; control pain/effusion; obtain full extension; activate quadriceps.
- **Protection:** Weight bearing as tolerated with brace locked in extension. Sleep in the locked brace unless told otherwise. No open-chain/resisted knee extension.
- **Therapy focus:** Ankle pumps, quad sets/NMES, hip strength, gentle patellar mobility, extension positioning, and ROM within the written limit (commonly 0-30 degrees).

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- **Therapy focus:** Straight-leg raise only in the locked brace and only when approved without extensor lag.

Phase 2 | Staged flexion (2-6 weeks)

- **Priorities:** Maintain full extension; increase flexion slowly; improve hip/core and gait control.
- **Protection:** Brace remains locked for ambulation. Avoid forced flexion and resisted open-chain quadriceps work.
- **Therapy focus:** Increase flexion roughly 10-15 degrees per week toward 90 degrees by week 6 if allowed; continue quad sets, straight-leg raises in brace, calf/hamstring flexibility, and balance.

Phase 3 | Motion and strength (6-12 weeks)

- **Priorities:** Normalize gait; restore full ROM by about weeks 8-10; rebuild quadriceps strength.
- **Protection:** Unlock the brace for gait only with adequate quadriceps control; wean brace/crutches when gait is normal.
- **Therapy focus:** Bike for ROM, mini-squat/leg press in protected range, step progression, calf/hip/core strength, balance, then open-chain knee extension only when cleared.

Phase 4 | Impact and sport (3-9 months)

- **Priorities:** Restore single-leg strength, power, endurance, and work/sport readiness.
- **Protection:** No running or jumping until the fracture is healed, ROM is full, and single-leg control is adequate.
- **Therapy focus:** Progress low-impact conditioning, then graded running, bilateral-to-unilateral plyometrics, and sport-specific drills.
- **Therapy focus:** Return requires no effusion/patellofemoral pain, full ROM, at least 90% functional strength for sport, and clearance.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.