

Rehabilitation Protocol: Proximal Realignment (medial imbrication)

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I

Post-op Day 1

- **Brace ROM:** locked in full extension
- **Weightbearing/ROM:** touch down, weight bearing
- **Exercises**
 - Quad sets
 - Ankle pumps
 - Cryotherapy device
 - Elevation

Week 1

- **Brace ROM:** locked in full extension at all times
- **Weightbearing/ROM:** full weight bearing as tolerated
- **Exercises:**
 - Heel slides
 - Seated flexion
 - Prone flexion
 - Wear knee brace for at least six weeks post-op

Phase II

Week 2-5

- **Brace ROM:** locked in full extension at all times
- **Weightbearing/ROM:** full weightbearing as tolerated
- **Exercises (Weeks 2-3)**
 - Straight-leg raises with no weight
- **Exercises (Weeks 4-5)**
 - Straight-leg raises with 1-lb weight
 - Should have 90 degrees of flexion

Phase III

Week 6-12

- **Brace ROM:** Discontinue brace when quadriceps strengthening allows; neoprene sleeve with alteral buttress optional
- **Weightbearing/ROM:** full; should have normal ROM
- **Exercises (Weeks 6-7)**
 - Start stationary bike
- **Exercises (Weeks 8-12)**
 - Continue stationary bike
 - Start shuttle jumps at week 12
 - Treadmill
 - Isotonic leg presses
 - Toe press
 - Leg curl
 - Stool scooter

Months 3-6

- **Brace ROM:** full; no brace
- **Weightbearing:** full
- **Exercises**
 - Initiate progressive jogging program
 - Advance to cutting and sport-specific drills
 - Return to regular sports if cleared by MD

**** If a patient is not progressing please call the office for recommendations**

**** Protocol Modifications:**

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____