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OFFICIAL HEALTH CARE PARTNER

Physical Therapy Prescription – Patellar Tendon Repair

Name: ____ **Date of Surgery:** ______________________

Procedure: R / L Patellar Tendon Repair

Frequency: 2-3 times per week

PHASE I (Weeks 0 – 3): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Weight bear as tolerated with crutches and brace
- **Hinged Knee Brace**: Locked in full extension for ambulation and sleeping (remove for CPM and PT)
- **Range of Motion:** No range of motion(unless directed otherwise)
- **Therapeutic Exercises:** Heel slides, Quad Sets
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 3 – 8)

- **Weightbearing:** Weight bear as tolerated with crutches and brace
- **Hinged Knee Brace**: Unlock brace as quad control improved per ROM below. Wean out by 8 weeks
- **Range of Motion:**
  - Weeks 3-4: 0-45 º
  - Weeks 4-8: Progressively advance 15º / week or as directed.
- **Therapeutic Exercises:** Advance Phase I exercises, introduce side-lying hip/core/glutes.
  - Begin weight bearing calf raises(week 4)

    **No weight bearing with flexion >90 º **
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 8 – 12)

- **Weightbearing:** Full
- **Hinged Knee Brace**: None
- **Range of Motion:** Full range of motion
- **Therapeutic Exercises:** Progress to closed chain activities, Begin hamstring work, lunges/leg press 0-90º, proprioception exercises, balance/core/hip/glutes
  - Weeks **10-**12: Begin stationary bike when able
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 12 - 20)

- **Weightbearing:** Weight bear as tolerated with crutches and brace
- **Range of Motion:** Full range of motion
- **Therapeutic Exercises:** Progress Phase III exercises, single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike
  - Swimming (week 12)
  - Advance to sport-specific drills and running/jumping (week 20 plus)
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Signature: ___________________________________ **Date:** __________________