



Dx:  Right  Left

Patient Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: \_\_\_\_\_

## PATELLAR OR QUADRICEPS TENDON REPAIR REHAB PROTOCOL

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-4 weeks	As tolerated with brace, crutches at all times	Locked in full extension for sleeping and all activity*  Off for exercises and hygiene	Locked in extension	Quad sets, patellar mobility, gastroc/soleus stretch SLR w/ brace in full extension
<b>PHASE II</b> 4-12 weeks	4-8 weeks: Full WB while in brace	Locked in extension when walking. Ok to remove for ROM.	4 weeks: 0-45° 5-12 weeks: progress 15-20 degrees per week until full	Advance Phase 1 exercises Add side-lying hip/core/glutes Begin WB calf raises
<b>PHASE III</b> 12-16 weeks	Full	None	Full	Progress closed chain activities Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes Begin stationary bike when able
<b>PHASE IV</b> 16-24 weeks	Full	None	Full	Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike Swimming okay at 16 wks Advance to sport-specific drills and running/jumping after 20 wks once cleared by MD