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Physical Therapy Prescription for:

label

Diagnosis: Partial Patellar Tendon Rupture
Surgical Procedure: Patellar Tendon Augmentation
Date of Surgery:

Brace: Hinged knee brace
- Locked in extension for ambulation until able to do a SLR with no lag
- Locked in extension for sleep for 2 weeks

Weeks 0 to 2 (Goal: edema control, full extension, begin PROM 0-40°):
- PWB 50% with bilateral crutches or walker, knee locked in full extension in brace
- Quad isometric sets in full extension
- Laying or seated heal slides 0-40° flexion

Weeks 2 to 6 (Goal: protect repair, regain PROM 0-120°, begin strength):
- WBAT with knee locked in full extension in brace – ok to unlock for ambulation with SLR with no lag
- ROM goals
  - Week 3: 75°
  - Week 4: 90°
  - Week 6: 120°
- Sitting slides
- AAROM knee flexion
- Ankle pumps, patellar mobilization, hamstring/gastroc stretch, hip abduction, SLR all directions without knee lag
- Stationary bike ok once 90° ROM achieved
- Standing toe raises in full knee extension
- Patellar mobilization, scar massage

Weeks 6 to 12 (Goal: improve ROM 0-135°, walk normally, strengthening):
- WBAT with brace unlocked
- Wean brace when patient has good quad control – goal by week 12
- Straight leg lifts, wall slides, work to long arm quad AROM
- Progressive resistance exercises/therabands
- Swimming
- Squat to chair
- Step up/down progression <6 inches

Weeks 12 to 16 (Goal: Sport Retraining)
- Add gentle plyometrics, leg press
- Start treadmill walking, progress to light jogging at month 3
- Progress to sport specific training week 14
- Criteria to start running program: walk with normal gait for 20 minutes, pain free ADLs, ROM > 0-125°, hamstring and quad strength >70% contralateral side, no pain, no edema, no crepitus, no giving-way

Lauren H. Redler, M.D. Date