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Physical Therapy Prescription for:

label

Diagnosis: Patellar Tendon Rupture
Surgical Procedure: Patellar Tendon Repair
Date of Surgery:
Eval & Treat: 2x/week x 24 weeks

Brace: Hinged knee brace

- Full time locked in extension for 6 weeks for ambulation
- Weeks 6-12, brace unlocked 0-90 degrees
- Wean brace by 12 weeks post-op

Immediate Postoperative Period: 0-1 weeks:

- Elevation and knee immobilization in extension

Weeks 1 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 0-45° flexion

Weeks 2 to 6 (Goal: protect repair, regain PROM 0-90°, begin strength):

- WBAT with knee locked in full extension in brace
- Sitting slides up to 90° flexion
- AAROM knee flexion up to 90°
- Ankle pumps, patellar mobilization, hamstring/gastroc stretch, hip abduction, SLR all directions without knee lag
- Standing toe raises in full knee extension

Weeks 6 to 12 (Goal: improve ROM 0-135°, walk normally, strengthening):

- Unlock brace 0-90° with bilateral crutches, wean when patient has quad control
- Straight leg lifts, short arc 0-25°, wall slides, work to long arm quad AROM
- Wean brace by 12 weeks
- No climbing/descending steps, no squats

Weeks 12 to 16 (Goal: gentle strengthening)

- Stationary bike, step up/down progression <6 inches
- Swimming
- Squat to chair

Week 16 to 24 (Goal: strengthen and sport retraining):

- Add gentle plyometrics, leg press work up to ½ body weight
- Progress to sport specific training

- 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