

## Physical Therapy Prescription Patellar Tendon Repair

**Patient Name:**

**Today's Date:**

**Surgery Date:**

**Diagnosis: s/p ( LEFT / RIGHT ) Patellar Tendon Reconstruction, revision**

Post operative weeks 1-6: HEP including SLR with brace in full extension  
TTWB with brace locked in extension x 4 weeks.  
No active or passive motion x 4 weeks. May begin gentle  
PROM after 6 weeks post op. No active extension x 6 weeks.

Week 6

- Supervised PT
- Gentle patellar mobilization exercises
- Perform scar message
- Emphasis full passive extension
- AAROM exercises (4-5x/ day) – no limits on ROM
- ROM goal: 0-90
- Flexion exercises PROM, AAROM, and AROM with brace off if supervised
- Stationary bike for range of motion (short crank or high seat, no resistance, gentle rocking)
- Hamstring and calf stretching
- Unlock brace (0-40) for ambulation once patient has good quad control
- Progressive SLR program with weights for quad strength with brace off if no extensor lag (otherwise keep brace on and locked) Do not exceed 5 lbs.
- Theraband standing terminal knee extension
- Proprioceptive training bilateral stance under supervision.
- Hamstring PREs
- Double leg balance on tilt boards
- Seated leg extension (0 to 40degrees) against gravity with no weight
- Add water exercises if desired (and all incisions are closed and sutures out)

## **Physical Therapy Prescription Patellar Tendon Repair**

### **Week 7**

- Continue all exercises
- Open brace to 0-70 for ambulation if quad control adequate
- Continue ROM stretching and overpressure into extension
- Initiate retro treadmill with 3% incline (for quad control)
- SLR's – in all planes with weight  
    Goal for ROM: 0 to 115 degrees

### **Week 8**

- Continue above exercises.
- Self ROM 4-5x/day using other leg to provide ROM. Goal of full ROM by 8-10 weeks
- Regular stationary bike if Flexion > 115
- Hip strengthening OKC – specifically external rotators
- 2 inch step ups
- Single leg proprioceptive training on stable surface
- Retro treadmill progressive inclines
- Sportcord (bungee) retro walking
- Increase resistance on stationary bike

### **Week 9**

- Continue above exercises
- Brisk walking
- Progress balance
- 2-4 inch step downs

### **Week 10**

- Bike outdoors, level surfaces only in controlled environment. Flat pedals only
- Stair master machine, low levels
- Begin eccentric leg press
- 4-6 inch step ups

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### Week 11

- Should have normal ROM
- Progress to running program in pool or alter-G and light sport specific drills if:

Quad strength > 75% contralateral side  
Active ROM 0 to >125 degrees  
Functional hop test >70% contralateral side  
Swelling < 1 cm at joint line  
No pain

### Week 12-22

- If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:
  - Progress program for running to start on dry land based on quad control and strength. Start backward jogging, figure of 8, zigzags and lateral shuffles. Progress to hops, jumps, cuts and sports specific drills.
- Progressive overload of 2 exercises below. Must continue to increase resistance/load while allowing enough time for recovery. Okay to proceed with linear progression.
  - \_\_\_ Squat/Push variations – Back squat, step up (High and low box), Hex bar, Leg Press, Total Gym, Bulgarian SS, etc.
  - \_\_\_ Hip hinge variations – Deadlift, RDL, GHD, Good mornings, Bridging, Hip thrusters, Nordic HS, etc.
- May begin plyometric training 5 months post op based on strength and dynamic quad control
- Criteria to return to sport progression
  - Full Active ROM
  - Quadriceps strength >90% contralateral side
  - Satisfactory clinical exam
  - Functional hop test > 90% contralateral side
  - Completion of running program

**Frequency & Duration:** (circle one) 1-2 2-3 x/week for \_\_\_\_ weeks Home Program

\*\*Please send progress notes.