



Quad/Patellar Tendon Repair - Physical Therapy Prescription

Please fax initial assessment and subsequent progress notes directly to DM Ortho at 303-789-3010

Name: _____

Date: _____

Diagnosis: R / L

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, Therapy to start 3-5 days after surgery

Phase I (0-2 weeks)

WBS: Full weight-bearing locked in extension

Brace: Locked in full extension at all times (including sleep), off for rehab and hygiene only

ROM: 0-45° for rehab, locked in extension for ambulation and all other times

Exercises: Heel slides, quad sets, patellar mobs, SLR, calf pumps

Phase II (2-8 weeks)

WBS: Full weight-bearing in brace

Brace: 2-4 weeks: Locked in full extension day and night

4-6 weeks: Off at night; locked in full extension daytime

6-7 weeks: 0-45°

7-8 weeks: 0-60°, Discontinue brace at 8 weeks

ROM: 2-3 weeks: 0-60°

3-4 weeks: 0-90°

4-8 weeks: progress slowly as tolerated - refer to PT Rx for restrictions

Exercises: Advance Phase 1 exercises

Add side-lying hip/core/glutes

Begin WB calf raises

No weight bearing with flexion >90°

Phase III (8-12 weeks)

WBS: Full

Brace: Transition out starting at 8 weeks

ROM: Full, no strength exercises past 90°

Exercises: Progress closed chain activities, Begin hamstring work, light lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes, Begin stationary bike when able

Phase IV (12-20+ weeks)

WBS: Full

Brace: None

ROM: Full

Exercises: Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike; Swimming okay at 12 wks; Advance to sport-specific drills and running/jumping after 20 wks once cleared by MD

Signature: _____

Date: _____