

Associate Professor of Orthopaedics Chief - Division of Sports Medicine Tel: (212) 598-6784

Rehabilitation Protocol: Patellar Tendon Rupture

Name:	Date:
Diagnosis: _	Date of Surgery:
Phase I: In	nmobilization and Rehabilitation (4-13 days)
Goals •	
0	Control pain and inflammation
0	Maintain patellar mobility
0	Maintain hamstring strength of the ipsilateral leg and lower extremity strength of the
0	contralateral leg
0	Active knee flexion to 45° and passive knee extension to 0°
• Interv	vention:
0	Crutch training with toe-touch weight-bearing
0	Ice and elevation
0	Isometric ipsilateral hamstring exercise, contralateral LE strengthening
0	Gentle medial/lateral patellar mobilization (~25%)
0	AROM, AAROM and PROM Hinged knee brace locked in extension
0	miliged knee brace locked in extension
□ Phase II-	Immobilization and Rehabilitation (2-4 weeks)
Goals	
0	Control pain and inflammation
0	Begin weight-bearing
0	Maintain patellar mobility
0	Active flexion to 90° and passive knee extension to 0°
0	Maintain ipsilateral hamstring and contralateral LE strength
0	Begin ipsilateral quadriceps retraining
 Interv 	vention
0	Crutch training with partial weight-bearing (25-50%)
0	Ice and elevation
0	Isometric ipsilateral hamstring exercise, contralateral LE strengthening
0	Gentle medial/lateral patellar mobilization (~25%)
0	AROM, AAROM and PROM
0	Hinged knee brace locked in extension
0	Ipsilateral quadriceps sets (NO straight leg raises)
Dhasa III.	Jumphilipation and Dahahilitation (A. Caucalta)
• Goals	Immobilization and Rehabilitation (4-6 weeks)
Guais	Control pain and inflammation
0	Progress weight-bearing (possibly discontinue crutch use)
0	Active flexion progressed as tolerated and passive extension to 0o
0	Maintain patellar mobility

Continue ipsilateral quadriceps retrainingIntervention

o Progress to weight-bearing as tolerated, may discontinue crutch use if good quadriceps

o Maintain ipsilateral hamstring and contralateral LE strength

- o control is acquired
- o Gait training

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- Ice and elevation
- o Isometric ipsilateral hamstring exercise, contralateral LE strengthening
- Gentle medial/lateral patellar mobilization (~25%)
- AROM, AAROM and PROM
- Hinged knee brace locked in extension
- Ipsilateral quadriceps sets (NO straight leg raises)

Phase IV: Immobilization and Rehabilitation (6-12 weeks)

Goals

- Control pain and inflammation
- Progress to full active ROM
- o Maintain patellar mobility
- o Maintain ipsilateral hamstring and contralateral LE strength
- o Continue ipsilateral quadriceps retraining

Intervention

- Weight-bearing as tolerated
- Gait training
- o Hinged knee brace locked in extension until good quadriceps control and normal gait are
- o obtained
- Ice and elevation
- o Isometric ipsilateral hamstring exercise, contralateral LE strengthening
- o Gentle medial/lateral patellar mobilization (∼50%)
- AROM
- Ipsilateral quadriceps strengthening (straight leg raises without resistance and stationary cycling at 8 weeks)

Phase V: Rehabilitation (12-16 weeks)

Goals

- Complete weight-bearing
- Progress ipsilateral quadriceps strength
- o Begin neuromuscular retraining

Intervention

- Gait Training
- No immobilization
- Ipsilateral quadriceps strengthening
- o Proprioception and balance activities (including single leg support)

Phase VI: Rehabilitation (16-24 weeks)

Goals

- Begin running
- o Sport/job specific training

Intervention

o Progress program as listed for Phase IV, with sport or job specific training

Phase VII: Rehabilitation (> 6 months)

 May begin jumping and contact sports when ipsilateral strength is 85-90% of contralateral extremity



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Comments:		
Frequency: times per week	Duration: weeks	
Signature:	Date:	