

Rehabilitation Protocol: Quad/Patellar Tendon Repair

Name:	Date:
Diagno	osis: Date of Surgery:
Post-	 Operative First PT visit 2 weeks post surgery Passive or active-assistive ROM for full extension and 0-30° flexion per MD discretion TTWB crutch gait for 6 weeks with brace locked at 0° Brace locked at 0° for all activities except therapeutic exercise Therapeutic exercise: A.A.ROM for flexion (see above) and full extension Isometric quad, ham, adductor and abductor Ankle theraband exercises Water precautions
Weel • • • • •	k 2-6 PT as necessary to meet goals Passive or active-assistive ROM. Add 15° flexion each week with a goal of 90° at 6 weeks. Advance beyond 90° after 6 weeks. Remove suture from incision and re-apply steri-strips at 2 weeks TTWB crutch gait with brace locked at 0° Therapeutic exercise: -As above -Upper extremity exercise okay
Weel • •	k 6-12 PT as necessary to meet goals DC brace at 6 weeks PWB with crutches Progress to FWB gait as tolerated Therapeutic exercise: A.A.ROM and gentle stretching Lower extremity PRE's with low weight / high repetition Stationary bicycle Impact activities per MD
Prote	ocol Modifications:
Comm	ents:

 Frequency:
 ______times per week
 Duration:
 ______weeks

Signature: ____

Date: ____