

Patella Tendon Repair Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

***Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.***

NO ACTIVE KNEE EXTENSION FOR 6-8 weeks				
	WEIGHT BEARING	BRACE	ROM	THERAPEUTIC EXERCISE
PHASE I Week 1	WBAT with crutches	Locked in full extension	No bending of knee	No rehab 1 week, ankle pumps **Control swelling: RICE principles
PHASE II 2-4 weeks	WBAT with crutches	Locked in full extension	Extension passively full Week 2 -4: active flexion to 45° (in brace)	Heel prop, gentle patellar mobilization, towel calf stretch, long sit hamstring stretch Heel slides, sit and dangle assist from uninvolved for control
PHASE III 4-8 weeks	WBAT	Locked in full extension	Week 4-6: active flexion 45-90° (in brace)	Week 6: quad sets, SLR no resistance, check patellar mobility
PHASE IV 8-12 weeks	WBAT	Discontinue brace once independent SLR	Week 8+: gradually progress ROM; maintain extensions	Heel slides (AROM/PROM) hamstring, calf stretching, prone hangs, extension board, Stationary bike= ROM Strength: gradual progression of SAQ to LAQ no resistance
PHASE V	WBAT	None	Full ROM	Start Resistive quad exercises,

3 months-4 months				open and closed chain strengthening
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Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient’s therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient’s outcome do not hesitate to call.

Patient’s recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ Date _____