EXTENSORY MECHANISM REPAIR SURGERY (PATELLAR TENDON / QUADRICEPS TENDON) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

Procedure: Right/Left Patellar/Quad Tendon Repair

Associated Procedure *(circled if applicable)*: **Meniscectomy/Meniscal Repair**

____ **Evaluate and Treat – no open chain or isokinetic exercises**

____ **Provide patient with home exercise program**

Frequency: _____ x/week x _____ weeks

_____ **Phase I (0-6 weeks): Period of protection. A home-program alone may suffice for this period of time. Formal PT may be helpful after 3 weeks once ROM is initiated in the brace.**

- **WBAT with crutches, brace locked in extension during all weight-bearing activity and during sleep.**
- **ROM**:
  - Knee: patients to perform active prone knee flexion as tolerated 2-3 x per day within the confines of the brace wear. No active extension or forced passive flexion. All ROM should be non-weightbearing and with the brace on, following the progression below:
    - 0-3 wks: Brace locked in full extension (0 degrees).
    - 3-4 wks: Brace unlocked from 0-30 degrees.
    - 4-5 wks: Brace unlocked from 0-60 degrees.
    - 5-6 wks: Brace unlocked from 0-90 degrees.
  - Ankle/Hip: ROM exercises 2-3 x per day.
  - Strict elevation while seated.
  - No quadriceps strengthening until at least 6 weeks post-op.

_____ **Phase II (6-12 weeks):** ***Begin regular, supervised strengthening and wean from the brace.***

- **Wean from crutches, then D/C brace once ambulating with a normal gait and can perform SLR without an extension lag.**
- **ROM**: after 6 weeks postop, brace fully unlocked; advance active and active-assisted ROM as tolerated; gentle passive stretching at end-range. Goal: 0-120 or greater by 12 weeks.
- **Strengthening**:
  - Begin isometric quad sets, SLRs.
  - Progress to closed chain strengthening (no open-chain) once out of the brace.

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_____ **Phase III (3-6 months):** ***Begin more sport-focused conditioning.***

- Advance strengthening as tolerated, continue closed-chain exercises. Increase resistance on equipment.
- At 5 months, start jogging and progress to agility training and/or other sport-specific rehab as tolerated
- Begin to wean patient from formal supervised therapy encouraging independence with home exercise program by 6 months.

_____ **Other:**

_____ Modalities _____ Electrical Stimulation _____ Ultrasound

_____ Heat before/after _____ Ice before/after exercise

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____

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