



PATELLAR TENDON EXCISION (JUMPER'S KNEE) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

_____ Evaluate and Treat

_____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

_____ Phase I (0-2 weeks):

- **Weight Bearing:** Full in Brace locked in extension.
- **Brace:**
Locked in full extension for sleeping and all activity.*
Off for exercises and hygiene.
- **ROM:** Full as tolerated.
- **Exercises:** QHeel slides, quad sets, patellar mobs, SLR, SAQ.

_____ Phase II (2-6 weeks):

- **Weight Bearing:** 2-4 weeks: As per patient's PT Rx.**
4-6 weeks: Full w/o brace.
- **Brace:** None.**
- **ROM:** Full.
- **Exercises:** Addition of heel raises, total gym (closed chain), terminal knee extensions.
Activities w/ brace until 2 weeks; then w/o brace as tolerated.

_____ **Phase III (6-12 weeks):**

- **Weight Bearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:** Progress closed chain activities.
Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes.
Begin stationary bike when able.

_____ **Phase IV (12-20 weeks):**

- **Weight Bearing:** 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 weeks.
Advance to sport-specific drills and running/jumping after 16 weeks once cleared by MD.

*Brace, if one was prescribed, may be removed for sleeping after first post-operative visit (day 7-10)

**Brace settings may vary depending on nature of exact procedure. Please refer to specific PT Rx provided.

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: _____