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Physical Therapy

Rehabilitation following patellar tendon repair

Time After Surgery	Weightbearing	Immobilization	Therapy
0-3 d	None, with use of crutches	Hinged knee brace locked in extension	1. Motion - None 2. Modalities and/or exercises - None
4-13 d	Toe touch with crutches	Hinged knee brace locked in extension	1. Motion - Active flexion to 45° and passive extension to 0° (no active extension) 3 times a day 2. Modalities and/or exercises - Swelling control with ice, gentle medial and lateral patellar mobilization, gentle isometric hamstring exercises, contralateral isometric quadriceps exercises 3 times a day
2-4 wk	Partial (25-50%) with crutches	Hinged knee brace locked in extension	1. Motion - Active flexion to progress to 90° and passive extension to 0° (no active extension) 3 times a day 2. Modalities and/or exercises - Swelling control with ice, gentle medial and lateral

			patellar mobilization, gentle (~25%) isometric quadriceps exercises (sets, no straight leg raises), continue with ipsilateral hamstring exercises and contralateral quadriceps exercises 3 times a day
4-6 wk	Progress to weightbearing as tolerated, crutches discontinued when good quadriceps control is obtained	Hinged knee brace locked in extension	<p>1. Motion - Active flexion to progress as tolerated and passive extension to 0° (no active extension) 3 times a day</p> <p>2. Modalities and/or exercises - Swelling control with ice, gentle medial and lateral patellar mobilization, gentle (~25%) isometric quadriceps exercises (sets, no straight leg raises), continue with ipsilateral hamstring exercises and contralateral quadriceps exercises 3 times a day</p>
6-12 wk	Weightbearing as tolerated	Hinged knee brace locked in extension until good active quadriceps control and normal gait are obtained	<p>1. Motion - Progress to full 3 times a day</p> <p>2. Modalities and/or exercises - Swelling control with ice, more aggressive medial and lateral patellar mobilization, begin straight leg raises without resistance, continue with ipsilateral hamstring exercises and contralateral quadriceps exercises 3</p>

			times a day; start stationary cycling at 8 weeks
12-16 wk	Complete weightbearing	No immobilization	Progress with quadriceps strengthening (isokinetic) exercises and start neuromuscular retraining
16-24 wk	Complete weightbearing	No immobilization	May start running and sport specific training
>6 mo	Complete weightbearing	No immobilization	May return to jumping and contact sports when obtain 85-90% of strength of contralateral extremity on isokinetic strength testing

Follow-up care: After an adequate repair allowing for an aggressive postoperative rehabilitative program, the follow-up care goals, with intervals dated as time after surgery, are as follows:

- 3-5 days - Adequate pain control, decrease in swelling and wound check
- 2 weeks - Active flexion to 45°, full passive extension
- 4 weeks - Active flexion to 90°, maintenance of full passive extension
- 6-8 weeks - Full active flexion
- 3 months - Straight leg raise with no extension lag
- 6 months - Symmetric quadriceps size and strength