Patellar Tendon Repair Rehab Protocol

Patient Name: _____   Date: _____

Diagnosis: _____   DOS: _____

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

Phase 1 (0-2wks):
- Goals: Control swelling, restore neuromuscular communication loops, prevent kinesiophobia; gait training
- Modalities: Compressive cyrotherapy, e-stimulation
- Weightbearing: WBAT in brace at all times. Use crutches for support.
- Brace: Locked in full extension for ambulation and sleeping, remove for hygiene and exercises
- ROM:
  - Locked in extension 24-hours per day for initial 48 hours.
  - 0-2wks: unlock brace 0-30 degrees for exercises.
- Exercises: Heel slides, quad sets, patellar mobs, SLR, calf pumps

Phase 2 (2-8wks) *
- Weightbearing: Full while in brace
- Brace:
  - 2-4wks: locked in full extension day and night; 0-60 deg at rest
  - 4-6wks: off at night; locked in full extension daytime; 0-90 deg at rest
  - 6-8wks: wean from brace. Advocate to be used as-needed for uncontrolled settings or adverse weather. ROM open 0-120°. Discontinue brace at 8wks altogether.
- ROM:
  - 2-4wks: 0-60degrees
  - 4-6wks: 0-90degrees
  - 6-8wks: progress slowly as tolerated to Full ROM – *refer to PT Rx for restrictions*
- Exercises: Advance phase 1 exercises. Add side-lying hip/core/glutes. Begin WB calf raises. No weight bearing with flexion > 90 degrees.

Phase 3 (8-12wks)
- Weightbearing: Full
- Brace: None
- ROM: Full
- Exercises: Progress closed chain activities. Begin hamstring work, lunges/leg press 0-90 degrees, proprioception exercises, balance/core/hip/glutes. Begin stationary bike when able.

Phase 4 (12-20wks)
- Weightbearing: Full
- Brace: None
- ROM: Full
- Exercises: Progress phase 3 exercises and functional activities: single leg balance, core, glutes, eccentrip hamstrings, elliptical and bike. Swimming ok at 12 wks. Advance to sport specific drills and running/jumping after 20wks once cleared by MD.

ROM and Brace adjustments are patient specific depending on nature of exact procedure. Please refer to specific PT Rx provided.