Post-Operative Rehabilitation Guidelines for:
Patella Tendon Repair: (*S76.192*)

Patient Name: _____   Date: _____   **R / L**

Treatment Frequency: 3 – 5 times per week   Duration of Therapy Prescription: 4 – 6 months

Phase 1 Weeks 0 – 4
- Modalities as needed: Ice, massage, elevation
- Cryo-therapy, scar management, local wound care
- FWB as tolerated with crutches - Hinged knee brace locked in extension for first 6-8 weeks.
- Exercises
  - Isometric Quad and Hamstring strengthening exercises
  - CPM home motion
    - PROM 0-30° and slowly advance to 45°
  - Starting Week 2
    - Begin active flexion and passive extension of the knee 0-45°
    - Advance by 15° per week to full motion
    - **Goal 90 degrees by 4-6 weeks**
  - Active/Active Assist extension knee motion is permitted to @ Week 3
- Special:_____

Phase 2 Weeks 4 – 16
- Modalities as needed, Ultrasound, NMES, Scar Management
- Advance WB status to full w/o crutches by 6 weeks
- Brace may be unlocked at rest, sleeping and while sitting. Start to wean out of brace by 6 weeks
- Slowly continue to advance motion to full
- Continue home CPM to assist motion
- Exercises
  - AAROM, PROM. Gait Training
  - Gentle patella mobilization
  - Advance Quad/HS isometrics and being active-assist knee extension/flexion
  - Quad activation (NMES)

Phase 3 Weeks 16+

- Modalities as needed, Massage, NMES
- Pt should be full weight-bearing pain free
- Continue ROM, Gait Training, and core strengthening
- Slow and progressive core strengthening
- Exercises
    - AROM, AAROM, PROM
    - Gait training, Heel slides
    - VMO Strengthening, Quad activation (NMES)
    - Proprioceptive Training
    - Light closed- chain knee extension and advance as tolerated

Please send progress notes.

Physician's Signature: _____
(*I have medically prescribed the above treatments*)

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