

Patient Name:

Date:

Diagnosis: s/p (LEFT / RIGHT) Patellar Tendon Repair

PATELLAR TENDON POST-OP PHYSICAL THERAPY PRESCRIPTION

Week 0-2 ___ NWB with Bledsoe in full extension locked

Week 2-3 ___ Progress to full weight bearing with brace in extension

Week 4-6 ___ CPM machine 0-30 degrees 3 hours a day (progress 15 degree's per week to get to 90 degree's by week 6)
 ___ SLR, Quad isometrics

Week 6-10 ___ Progress to PRE's for Quads, Hamstrings, Adductors, Abductors
 ___ Stationary Bike

Week 10-12 ___ Sport-specific agility drills

Week 12-14 ___ Slow jogging

Week 14 + ___ Sprinting, jumping, progress to full participation

Treatment: _____ times per week Duration: _____ weeks ___ Home Program

** Please send progress notes.

Physician's Signature: _____

Patrick Birmingham, MD