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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Patellar Tendon Repair

Name: _____ **Date:** _____

Diagnosis: R / L Knee Patellar Tendon Repair **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks ****Special Considerations:**

PHASE I (week 0-2): Protection phase

Weightbearing: Weight bearing as tolerated with crutches

Brace: Locked in full extension for ambulation and sleeping

Range of Motion: progress 0-45° as tolerated gentle PROM

Therapy Exercises: patellar mobilization, Quad sets, Heel slides, calf pumps, Modalities Heat (before)/Ice (after)

PHASE II: Increasing ROM

2-4 Weeks: Brace locked in full extension day and night

ROM: **week 2-3** → 0-60deg **week 3-4** → 0-90deg

Begin weight bearing calf raises

4-6 Weeks: Brace off at night; locked in extension when weight bearing

Progress slowly ROM as tolerated when non weightbearing

6-7 Weeks: Weight bearing in brace open 0-45deg

7-8 Weeks: Weight bearing in brace open 0-60deg

Discontinue brace at 8 wks

PHASE III: Advance activity out of brace

8-12 Weeks: Full WBing, No Brace, Full ROM as tolerated

Progress closed chain activities, Begin stationary bike when able

Begin hamstring work, lunges/leg press 0-90deg, proprioception, balance/core/hip/glutes

12-16 Weeks: Progress Phase III exercises and functional activity; elliptical and bike, Swimming

PHASE V (Month 4-6): Gradual return to sport

Sport specific drill progression, Advance to running /jumping and sport specific drills after clearance at 20 weeks from physician. **Consider functional sport assessment**

****Brace setting may vary depending on exact nature of the procedure. Please refer to physician instruction****

Physician Signature: _____ Date: _____

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