



PATELLAR TENDON REPAIR

Post-Operative Rehabilitation Protocol

0-6 Weeks

- Weight-bearing as tolerated (WBAT) with knee locked according to the following guidelines for sleeping and ambulation:
 - **Weeks 0-2:** Knee locked at 0°
 - **Weeks 2-4:** Knee locked at 0° to 30°
 - **Weeks 4-6:** Knee locked at 0° to 60°
- **Range of Motion (ROM):**
 - **Weeks 0-2:** 0° to 30°
 - **Weeks 2-4:** 0° to 60°
 - **Weeks 4-6:** 0° to 90°
- Patella mobilization.
- Supine straight leg raises (SLR) with brace locked at 0°.
- Quadriceps sets with brace locked at 0°.
- Ankle pumps.

Weeks 6-12:

- Gradually discontinue the brace once adequate quadriceps control is achieved and crutches are no longer needed.
- Crutches can be discontinued once gait is normalized.
- Progress to full range of motion (ROM) with no restrictions.
- Begin short crank ergometry, progressing to standard (170mm) ergometry, provided knee ROM exceeds 115°.
- Continue to advance quadriceps strengthening exercises.
- Include mini squats and weight shifts in the strengthening routine.

3-6 months:

- Focus on normalizing gait, progressing to WBAT without assistance.
- Achieve and maintain full, normal range of motion (ROM).
- Incorporate leg press and squats into the strengthening routine.

- Begin running and jogging progression.
- Perform isotonic knee extensions (90-40 degrees, with closed-chain preferred).
- Add agility exercises (e.g., sport cord drills).
- Use Versaclimber or Nordic Track for cardiovascular training.
- Continue working to normalize quadriceps strength.

Note: Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery