## Rehabilitation Protocol: Quadriceps and Patellar Tendon Repair



Name:	Date:
Diagnosis:	Date of Surgery:
<ul> <li>Hinged Knee Brace: Progress</li> <li>Week 4: 0-30°, Week 5: 0</li> <li>Unlocked</li> <li>Range of Motion: PROM and AAF</li> <li>Therapeutic Exercise</li> </ul>	I in the hinged knee brace locked in extension sive increase in flexion allowed under guidance of PT <b>0-40°, Week 6: 0-70°, Week 8: 0-90°, Week 10:</b> ROM as tolerated according to restrictions above strengthening, straight leg raises massage
<ul> <li>Hinged Knee Brace: Comple Week 12 if patient capable of strai</li> <li>Range of Motion: AAROM → ARO</li> <li>Therapeutic Exercise</li> <li>Continue with patellar mob</li> </ul>	en ROM allows, Aquatic therapy
Phase IV (Months 6-12)  o Gradual return to athle  o Maintenance program for st	
Comments: Frequency: times per week	Duration: weeks
Signature:	Date: