THE STONE CLINIC
ORTHOPAEDIC SURGERY, SPORTS MEDICINE AND
REHABILITATION
PERCUTANEOUS PATELLAR TENDON REPAIR
Post-operative Physical Therapy Protocol

General considerations:
- The surgical leg will be weight bearing as tolerated using crutches post-operatively.
- Range of motion will be blocked at 0 degrees in a brace for 4 weeks.
- Passive range of motion 0 to 20 degrees X 2 weeks, progress slowly as tolerated to 70 degrees by 4 weeks.
- Important not to push for flexion past 70 degrees for 4 weeks post-op to protect repair.
- Avoid bandaged area and portals for 4 weeks, “no touch zone” 2 inches from portals.
- Focus on proper quadriceps activation, especially VMO recruitment and patellofemoral mechanics should be the emphasis in the early stages of recovery.
*Returning to full activity as early as possible is dependent upon adherence to the first 6 weeks of the protocol. Maintaining fitness through upper extremity, trunk, and cardiovascular exercise will also be of significant help.

Week 1:
- M.D., office visit day 2 for dressing change, review of medications and instruction on a home program.

Exercise:
- Ankle pumps, quad sets, leg raises in multiple planes (except hip flexion).
- Extension stretching to hamstrings, calves, and lateral musculature to maintain extension range of motion.
- Gait training with crutches, pain and edema control, and muscle stimulation to improve quadriceps recruitment.

Manual:
- Soft tissue mobilization to surrounding musculature; effleurage for edema.

Goals:
Decrease pain and edema.
Gait weight bearing as tolerated with brace locked in 0 degrees extension.
Passive range of motion 0 to 20 degrees X 2 weeks, up to 70 degrees by 4 weeks.

Weeks 2-4:
Nurse visit at 14 days post operative for suture removal.

Exercise:
- Continue to progress weight bearing and functional mobility as able.
  - Active open chain hip extensions, adductions, abductions progressing to resistive band exercises as appropriate (proximal to the knee). Standing calf raises.
  - Well legged cycling, upper body work outs.
  - Straight legged bridging on ball with brace on.

Manual:
- Soft tissue mobilization surrounding structures, patellofemoral joint, and suprapatellar pouch with appropriate intensity to allow maturation and healing.

Goals:
Decrease pain and edema. Gait weight bearing as tolerated with brace locked in 0 degrees extension.
Passive range of motion progress towards 70 degrees as tolerated.
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### Weeks 4-6:
- M.D. visit at 1 month post-op. Wean out of brace, use brace unlocked if approved by MD.

**Manual:** -continue soft tissue mobilization. Initiate gentle patellar glides and portal scar tissue mobilization when appropriate.

**Ther ex:** -Ankle resisted PNF patterns.
  - Single leg balance with perturbations (Around the worlds, single balance with upper extremity movements).
  -Prone on ball with added hip motions.
  -continue well legged cycling and upper body work outs.

**Goals:**
- Range of motion 0 to 100 degrees.

### Weeks 6-8:
**Exercise** -functional exercises such as partial squats, bent leg bridges, small range slider lunges, mini step ups.
  -Strong emphasis on proprioceptive training.
  -Continue to increase intensity and resistance of other exercises.
  -Initiate two-legged bicycling for range of motion only and without resistance and without forcing range of motion.
  -Emphasis on gait training with proper movement patterns.

**Manual** -Soft tissue mobilization through hip, knee, and lumbar region as necessary.
  -PNF patterns with resistance above the knee for hip and pelvic patterns.
  -Patellar decompression with taping techniques as needed.

**Goals:**
- Focus on gait mechanics. Range of motion 0 to 110 degrees. Initiate stationary bicycle no resistance/pain.

### Weeks 8-12:
-Initiate passive flexion stretching to increase range of motion.
-Add lateral exercises (i.e. lateral stepping, lateral step-ups, etc.).
-Continue all exercises with emphasis on closed-chain, functional and proprioceptive program.
-Increase resistance of cycling, add stair machine, and pool programs.

**Goals:**
- Gait good mechanics. Full range squat no pain. Stair management no pain. Range of motion 90% of normal.

### Weeks 12-16:
- MD appt at 12 weeks. Complete Sports test 1.
  -Goals are to increase strength, power, and cardiovascular conditioning.
  -Sport-specific exercises and training program.
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| -Eccentric focused strengthening program.  
| -Begin light running program as able to demonstrate good strength and mechanics. |

**4-6 months:**

- Goals are to develop maximal strength, power, and advance to sporting activities.
- Resisted closed-chain rehabilitation through multiple ranges.
- Running program, balance drills and agility program.
- Initiate plyometric training as able to demonstrate adequate strength and proper mechanics.