

Physical Therapy Prescription – Quadriceps Tendon Repair

Name: _____ Date of Surgery: _____

Procedure: R / L Quadriceps Tendon Repair
Frequency: 2-3 times per week for 6 weeks

PHASE I (Weeks 0 – 3): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Weight bearing as tolerated with crutches and brace
- **Hinged Knee Brace:** Locked in full extension for ambulation and sleeping (remove for CPM and PT)
- **Range of Motion:** No range of motion (Unless directed otherwise)
- **Therapeutic Exercises:** Heel slides, Quad Sets
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 3 – 8)

- **Weightbearing:** Weight bear as tolerated with crutches and brace
- **Hinged Knee Brace:** Unlock brace as quad control improved per ROM below. Wean out by 8 weeks
- **Range of Motion:**
 - Weeks 3-4: 0-45°
 - Weeks 4-8: Progressively advance 15°/ week or as directed
- **Therapeutic Exercises:** Advance Phase I exercises, introduce side-lying hip/core/glutes.
 - Begin weight bearing calf raises (week 4)
**No weight bearing with flexion >90° **
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 8 – 12)

- **Weightbearing:** Full
- **Hinged Knee Brace:** None
- **Range of Motion:** Full range of motion
- **Therapeutic Exercises:** Progress to closed chain activities, Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes
 - Weeks 10-12: Begin stationary bike when able
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 12 - 20)

- **Weightbearing:** Weight bear as tolerated with crutches and brace
- **Range of Motion:** Full range of motion
- **Therapeutic Exercises:** Progress Phase III exercises, single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike
 - Swimming (week 12)
 - Advance to sport-specific drills and running/jumping (week 20 plus)
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Signature: _____

Date: _____