IU Health Physicians Orthopedics & Sports Medicine

PATELLAR TENDON EXCISION (JUMPER'S KNEE)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____   **Date of Surgery:** _____

___ **Evaluate and Treat**   ___ **Provide patient with home program**

Frequency: _____ **x/week   x** _____ **weeks**

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE	Full in Brace locked in	Locked in full extension for	Full as tolerated	Heel slides, quad sets, patellar mobs, SLR, SAQ

I 0-2 weeks	extension	sleeping and all activity* Off for exercises and hygiene		
PHASE II 2-6 weeks	**2-4 weeks:** As per patient's PT Rx** **4-6 weeks:** Full w/o brace	None**	Full	Addition of heel raises, total gym (closed chain), terminal knee extensions Activities w/ brace until 2 weeks; then w/o brace as tolerated
PHASE III 6-12 weeks	Full	None	Full	Progress closed chain activities Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes Begin stationary bike when able
PHASE IV 12-20 weeks	Full	None	Full	Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike Swimming okay at 12 wks Advance to sport-specific drills and running/jumping after 16 wks once cleared by MD

*Brace, if one was prescribed, may be removed for sleeping after first post-operative visit (day 7-10)
**Brace settings may vary depending on nature of exact procedure. Please refer to specific PT Rx provided.

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __would not benefit from social services.

_____   **Date:**_____

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