

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
<input type="checkbox"/> <b>WESTWOOD</b> 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	<input type="checkbox"/> <b>SANTA MONICA</b> 1260 15 <sup>th</sup> St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

**PATELLAR TENDON DEBRIDEMENT PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: s/p ( LEFT / RIGHT ) Patellar Tendinopathy -- Date of Surgery:**

\_\_\_\_\_



### **WEEKS 1-3:**

FORMCHECKBOX HEP including SLR with brace in full extension and active assisted ROM to a goal of 45-90° by 3 weeks

FORMCHECKBOX WBAT with brace locked in extension

### **WEEKS 3-4:**

FORMCHECKBOX Supervised PT – 3 times a week (may need to adjust based on insurance)

FORMCHECKBOX Gentle patellar mobilization exercises

FORMCHECKBOX Perform scar massage aggressively

FORMCHECKBOX Emphasis full passive extension

FORMCHECKBOX AAROM exercises (4-5x / day) – 0-90°

FORMCHECKBOX ROM goal: 0-90°

FORMCHECKBOX Flexion exercises PROM, AAROM, and with brace off

FORMCHECKBOX Stationary bike for range of motion (short crank or high seat, no resistance)

FORMCHECKBOX Hamstring and calf stretching

FORMCHECKBOX Hip strengthening – specifically external rotators

FORMCHECKBOX Isotonic leg press (0-60°)

FORMCHECKBOX Unlock brace (0-60°) for ambulation when good quad control

FORMCHECKBOX Progressive SLR program with weights for quad strength with brace off if no extensor lag (otherwise keep brace on and locked)

FORMCHECKBOX Theraband standing terminal knee extension

FORMCHECKBOX Proprioceptive training bilateral stance

FORMCHECKBOX Double leg balance on tilt boards

FORMCHECKBOX Add water exercises if desired (and all incisions are closed and sutures out)

### **WEEKS 5-6:**

FORMCHECKBOX Mini-squats (0-45°) and heel raises hamstring PREs

FORMCHECKBOX Hamstring PREs

FORMCHECKBOX 4 inch step ups

FORMCHECKBOX Seated leg extension (0-40°) against gravity with no weight

FORMCHECKBOX D/C brace if adequate quad control and normal gait pattern

FORMCHECKBOX Isotonic leg press 0-90°

FORMCHECKBOX AAROM 4-5x's day (no limits) goal 0-120°

FORMCHECKBOX Initiate retro treadmill with 3% incline (for quad control)

### **WEEK 7:**

FORMCHECKBOX Continue all exercises

Continue ROM stretching and overpressure into extension 4-5x's day

Goal: 0-130°

FORMCHECKBOX Wall and / or ball squats (0-60)

FORMCHECKBOX Eccentric leg press

FORMCHECKBOX 6 inch front step ups

FORMCHECKBOX 4 in step downs

FORMCHECKBOX SLR's – in all planes with weight

**WEEK 8:**

- FORMCHECKBOX Continue above exercises
- FORMCHECKBOX ROM 4-5x / day, Goal: full ROM
- FORMCHECKBOX Regular stationary bike if flexion > 115°
- FORMCHECKBOX 8 inch step ups
- FORMCHECKBOX 4 inch step downs
- FORMCHECKBOX Single leg proprioceptive training
- FORMCHECKBOX Lateral step out with therabands
- FORMCHECKBOX Retro treadmill progressive inclines
- FORMCHECKBOX Sport cord (bungee) walking
- FORMCHECKBOX Increase resistance on stationary bike
- FORMCHECKBOX Squats 0-90

**WEEK 9:**

- FORMCHECKBOX Continue above exercises
- FORMCHECKBOX Open chain knee extension no resistance
- FORMCHECKBOX Stairmaster machine
- FORMCHECKBOX Brisk walking
- FORMCHECKBOX Progress balance and board throws
- FORMCHECKBOX 6 inch step downs

**WEEK 10:**

- FORMCHECKBOX Bike outdoors, level surfaces only
- FORMCHECKBOX Start slide board
- FORMCHECKBOX Plyometric leg press
- FORMCHECKBOX 8 inch step downs

**WEEK 11:**

- FORMCHECKBOX Begin resistance for open chain knee extension
- FORMCHECKBOX Jump down's (double stance landing)
- FORMCHECKBOX Plyometric program
- FORMCHECKBOX Progress to running program and light sport specific drills if:
  - Quad strength > 75% contralateral side
  - Active ROM to > 125°
  - Functional hop test > 70% contralateral side
  - Swelling < 1 cm at joint line
  - No pain
  - Demonstrates good control on jump down

**WEEKS 12-22:**

- FORMCHECKBOX If full ROM, quad strength > 80% contralateral side, functional hop test > 85% contralateral side, satisfactory clinic exam:
  - Progress to home program for running. Start backward jogging, figure of 8, zigzags and lateral shuffles. Progress to hops, jumps, cuts and sports specific drills. Begin to wean from supervised therapy
- FORMCHECKBOX Criteria to return to sports
  - Full Active ROM
  - Quadriceps and hip external rotators strength > 90% contralateral side

Satisfactory clinical exam  
Functional hop test > 90% contralateral side  
Completion of running program

**Treatment:** \_\_\_\_\_ **times per week**    **Duration:** \_\_\_\_\_ **weeks**    \_\_\_\_\_  
**Home Program**

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon**

Patella Tendon Debridement PAGE \\* MERGEFORMAT 2

Patella Tendon Debridement PAGE \\* MERGEFORMAT 1

Place label here

NAME OF PATIENT: \_\_\_\_\_

MRN: \_\_\_\_\_

**Kristofer J. Jones, M.D.**

Sports Medicine, Shoulder Surgery and Cartilage Restoration  
UCLA Department of Orthopaedic Surgery  
David Geffen School of Medicine at UCLA  
10833 Le Conte Avenue, 76-143 CHS  
Los Angeles, CA 90095-6902  
Phone: (310) 825-6095  
Fax: (310) 825-1311  
CA License: A126262

Kristofer J. Jones, M.D.  
UCLA Department of Orthopaedic Surgery