

UCLA OUTPATIENT REHABILITATION SERVICES	
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FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

QUADRICEPS TENDON REPAIR PHYSICAL THERAPY PRESCRIPTION

Diagnosis: s/p (LEFT / RIGHT) Quadriceps Tendon Repair – Surgery Date:

0-4 WEEKS:

FORMCHECKBOX Weight Bearing: TDWB x 2 weeks then progress to FWB

FORMCHECKBOX Range of Motion: Active Flexion, Passive Extension ONLY for first 6 weeks

** NO ACTIVE EXTENSION **

FORMCHECKBOX Limit ROM to _____ ° for first 4 weeks, then may progress ROM

FORMCHECKBOX Straight Leg Raises / Quad Isometrics

>4 WEEKS:

FORMCHECKBOX Quadriceps and Hamstring stretching

FORMCHECKBOX Quadriceps Strengthening FORMCHECKBOX V.M.O.
Strengthening

FORMCHECKBOX Full Arc

FORMCHECKBOX 0° - 30° Arc

FORMCHECKBOX Hamstring Strengthening

FORMCHECKBOX Iliotibial Band Stretching / Strengthening

FORMCHECKBOX Adductor / Abductor Stretching / Strengthening

FORMCHECKBOX Achilles Tendon Stretching

FORMCHECKBOX Electrical Stimulation for Quadriceps

FORMCHECKBOX Ice / Massage / Anti-Inflammatory Modalities

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____ **Date:** _____

Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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