

Physical Therapy Prescription – Quad Tendon Repair

Name: _____

Date: _____

Procedure: R / L meniscus repair

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

PHASE I (Weeks 0 – 2)

- **Weightbearing:** As tolerated with crutches and brace
- **Hinged Knee Brace:**
 - **Weeks 0-2:** locked in full extension for ambulation and sleeping
- **Range of Motion:** AAROM → AROM 0-45° when non-weight bearing
- **Therapeutic Exercises:** Heel slides, quad sets, patellar mobs, SLR, calf pumps
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 2 – 8)

- **Weightbearing:** Full WB while in brace
- **Hinged Knee Brace:**
 - Weeks 2-4: Locked in full extension day and night
 - Weeks 4-6: Off at night; locked in full extension daytime
 - Weeks 6-7: 0-45°
 - Weeks 7-8: 0-60°
 - **Discontinue at 8 weeks**
- **Range of Motion:**
 - Weeks 2-3: 0-60°
 - Weeks 3-4: 0-90°
 - Weeks 4-8: Progress slowly as tolerated
- **Therapeutic Exercises:** Add side-lying hip/core/glutes. WB calf raises
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 8 – 12)

- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Begin hamstring work. Lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes. Begin stationary bike.
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 12 – 20): Gradual return to athletic activity

- **12 weeks:** begin swimming
- **20 weeks:** advance to jumping, sprinting, backward running, cutting/pivoting/ changing direction
- Consider **functional sports assessment**

Signature: _____

Date: _____