Name
Therapist
Physician



Patient Flow Sheet

Quadriceps or Patellar Tendon Repair

Phase 1 – MOTION AND MOBILITY

Weeks 0-6 Patellar mobilizations, including quad & patellar tendon

ROM: emphasize full extension, heel/wall slides for flexion

Quad set: Week 0-2

SLR: No earlier than week 3, in brace; do not perform if extensor lag

* No SAQ/LAQ

* No bike

ROM: 0-30° until week 2, then progress ~10°/wk. Locked in extension during ambulation weeks 0-6

Brace: locked in extension (weeks 0-4); advance ~10°/wk per MD orders

Weight-bearing: PWB weeks 0-2; FWB weeks 4-6. Brace locked in extension for ambulation weeks 0-6

Phase 2 – **ENDURANCE**

Week 7-12 Gradually initiate entry-level closed-chain activities (low reps)

Progress from double $leg \rightarrow single leg;$ from stable \rightarrow unstable surfaces

Balance progression

Bike for cardiovascular fitness

ROM: Full ROM, progressing as tolerated

Brace: 0-60° x 1 week, 0-90° x 1 week, fully unlocked beginning week 9

Weight-bearing: FWB

*Note: Non-athletes may be appropriate for discharge to independent home program at this time if able to complete work and life demands. Check for safety with stair negotiation and ambulation on uneven surfaces.

Phase 3 - STRENGTH

Week 12-20 Increase sets/duration of closed-chain strengthening in varied proprioceptive environments

Progress unilateral strength

*No loaded deep knee flexion for 4-6 months

Begin LAQ at 4 months at earliest

Phase 4 - AGILITY, POWER, RETURN TO SPORT

Week 20+ Sport-specific movement patterns practiced in supervised and controlled environment

Sport Cord test at 6 months (if appropriate)

Graded re-integration into sport activities with MD and PT clearance

Return to Activities

Running: 4-5 months when functional criteria are met

Golf: Short irons at 4 months, full swing with long irons at 5 months. Delay 4-6 weeks if lead leg.

Pivoting/cutting sport: When functional criteria are met and cleared by surgeon, typically 7+ months at earliest

Surgeon Comments: