## **GOLDEN STATE ORTHOPEDICS & SPINE** Rehabilitation Protocol: Quadriceps and Patellar Tendon Repair

Nama			Data	
		;;;;	Date:	
Diagnosis:		Date of Surgery:		
<ul> <li>Hinge</li> <li>We</li> <li>Uni</li> <li>Range of</li> <li>Therapet</li> <li>Beg</li> </ul>	htbearing: As tolerated in ed Knee Brace: Progressi ek 4: 0-30°, Week 5: 0-4 locked	ve increase in flexic <b>10°, Week 6: 0-70°</b> M as tolerated acco crengthening, straig	on allowed under guidance of PT 2, <b>Week 8: 0-90°, Week 10:</b> ording to restrictions above	
<ul> <li>Weig</li> <li>Hinge</li> <li>Week 12 i</li> <li>Range of</li> <li>Therapeu</li> <li>Cor</li> <li>State</li> </ul>	ed Knee Brace: Complete f patient capable of straigh	ly unlocked for Weent leg raise with goo It leg raise with goo I as tolerated, Goal: zations ROM allows, Aquat	full flexion by week 12-14 ic therapy	
<ul> <li>Range of</li> <li>Therapel</li> <li>Cor</li> </ul>	<b>lonths 4-6)</b> htbearing: As tolerated Motion: Full and painless atic Exercise atinue with quadriceps structure atinue with quadriceps structure	engthening, Focus c	0 0	
0	<b>fonths 6-12)</b> Gradual return to athletic intenance program for stre	-		
Comments: Frequency:	times per week	Duration:	weeks	
Signature:		Date:		

## DR CHARLES PRESTON REHABILITATION PROTOCOLS

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