

# PHYSICAL THERAPY PRESCRIPTION

Keck Medicine  
of USC

## FRANK A. PETRIGLIANO, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE  
USC DEPARTMENT OF ORTHOPAEDIC SURGERY  
323.442.5822 OFFICE  
323.865.5480 FAX

PATIENT STICKER

### PATELLAR TENDON REPAIR PHYSICAL THERAPY PRESCRIPTION

DATE OF SURGERY: \_\_\_\_\_ DIAGNOSIS: S/P (Left / Right) Patellar Tendon Repair

#### 0-6 WEEKS

\_\_\_ Weight Bearing: Crutches/TDWB x 6 weeks with brace locked at 0°

\_\_\_ Range of Motion

Weeks 0-2: PROM/AAROM – 0° to \_\_\_° flexion per MD discretion

Weeks 2-6: PROM/AAROM – add 15° flexion per week with a goal of \_\_\_° at 6 weeks

\_\_\_ Straight Leg Raises / Quad Isometrics

#### >6 WEEKS

\_\_\_ Discontinue brace/PWB with crutches, progress to FWB as tolerated

\_\_\_ Advance ROM beyond \_\_\_°

\_\_\_ Quadriceps and Hamstring stretching

\_\_\_ Quadriceps Strengthening \_\_\_ V.M.O. Strengthening

\_\_\_ Hamstring Strengthening

\_\_\_ Iliotibial Band Stretching / Strengthening

\_\_\_ Adductor/Abductor Stretching / Strengthening

\_\_\_ Achilles Tendon Stretching

\_\_\_ Electrical Stimulation for Quadriceps

\_\_\_ Ice / Massage / Anti-Inflammatory Modalities

Treatment: \_\_\_\_\_ times per week \_\_\_\_\_ Home Program

Duration: \_\_\_\_\_ weeks

Physician's Signature: \_\_\_\_\_

Frank A. Petrigliano, MD, Attending Orthopaedic Surgeon, USC