



# Indiana University Health

*IU Health Physicians Orthopedics & Sports Medicine*

## **PATELLAR TENDON EXCISION (JUMPER’S KNEE)**

### **PHYSICAL THERAPY PROTOCOL**

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[www.bryansaltzmanmd.com](http://www.bryansaltzmanmd.com)

**Patient Name:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

\_\_\_ **Evaluate and Treat**                      \_\_\_ **Provide patient with home program**

**Frequency:** \_\_\_\_\_ x/week    x    \_\_\_\_\_ weeks

|                       | <b>WEIGHT BEARING</b>             | <b>BRACE</b>                                  | <b>ROM</b>        | <b>EXERCISES</b>                                |
|-----------------------|-----------------------------------|-----------------------------------------------|-------------------|-------------------------------------------------|
| <b>PHASE I</b><br>0-2 | Full in Brace locked in extension | Locked in full extension for sleeping and all | Full as tolerated | Heel slides, quad sets, patellar mobs, SLR, SAQ |



|                                |                                                                                |                               |      |                                                                                                                                                                                                                                                         |
|--------------------------------|--------------------------------------------------------------------------------|-------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| weeks                          |                                                                                | activity*                     |      |                                                                                                                                                                                                                                                         |
|                                |                                                                                | Off for exercises and hygiene |      |                                                                                                                                                                                                                                                         |
| <b>PHASE II</b><br>2-6 weeks   | <b>2-4 weeks:</b> As per patient's PT Rx**<br><b>4-6 weeks:</b> Full w/o brace | None**                        | Full | Addition of heel raises, total gym (closed chain), terminal knee extensions<br>Activities w/ brace until 2 weeks; then w/o brace as tolerated                                                                                                           |
| <b>PHASE III</b><br>6-12 weeks | Full                                                                           | None                          | Full | Progress closed chain activities<br>Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes<br>Begin stationary bike when able                                                                                  |
| <b>PHASE IV</b><br>12-20 weeks | Full                                                                           | None                          | Full | Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike<br>Swimming okay at 12 wks<br>Advance to sport-specific drills and running/jumping after 16 wks once cleared by MD |

\*Brace, if one was prescribed, may be removed for sleeping after first post-operative visit (day 7-10)

\*\*Brace settings may vary depending on nature of exact procedure. Please refer to specific PT Rx provided.

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_ would \_\_\_ would not benefit from social services.**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Bryan M. Saltzman, MD**