



PATELLAR TENDON EXCISION (JUMPER'S KNEE)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____x/week x _____weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-2 weeks	Full in Brace locked in extension	Locked in full extension for sleeping and all activity* Off for exercises and hygiene	Full as tolerated	Heel slides, quad sets, patellar mobs, SLR, SAQ
PHASE II 2-6 weeks	2-4 weeks: As per patient's PT Rx** 4-6 weeks:	None**	Full	Addition of heel raises, total gym (closed chain), terminal knee extensions Activities w/ brace until 2 weeks; then w/o brace as tolerated



	Full w/o brace			
PHASE III 6-12 weeks	Full	None	Full	Progress closed chain activities Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes Begin stationary bike when able
PHASE IV 12-20 weeks	Full	None	Full	Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike Swimming okay at 12 wks 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:**_____

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