Baylor Scott & White
ORTHOPEDIC ASSOCIATES OF DALLAS
A member of HealthTexas Provider Network

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Patellar Tendon Repair

REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	BRACE / WEIGHT BEARING	THERAPEUTIC EXERCISE
Phase I **0–2 weeks** GOAL TO ADVANCE *Full passive extension*	Passive flexion to 60° maximum. NO active knee straightening	Weight bearing as tolerated with brace locked straight at all times, including sleep; crutches	Quad sets, glute sets, calf raises, ankle pumps
Phase II **2–6 weeks** GOAL TO ADVANCE *Passive flexion 90°; full weight bearing in brace*	Passive flexion increased 10° per week: 60° (week 2), 70° (week 3), 80° (week 4), 90° (week 5)*	Brace locked for walking, standing and sleep; may unlock for sitting within flexion limit. Full weight bearing by week 6	Straight-leg raises (only without lag), hip and core strengthening, bridges, calf raises
Phase III **6–15 weeks** GOAL TO ADVANCE *Flexion ≥120°; normal gait and stairs*	Progress flexion no faster than 10° per week before week 12	Unlock brace 0-60° for walking when quad control is good; discontinue at 8 weeks. No weight-bearing bending past 90° before week 8	Gradual gym and single-leg strengthening from weeks 8-10; bike once motion allows; elliptical at ≥120° flexion. No maximal quad effort until week 16
Phase IV **4–6 months** GOAL TO ADVANCE *Quad strength ≥80-90% of other side*	Full	Full	Return-to-run program when strength ≥80%; double-leg → single-leg plyometrics
Phase V **6–8 months** GOAL TO ADVANCE *Return-to-sport testing passed*	Full without discomfort	—	Sprinting, agility, cutting and sport-specific drills; return to sport**

NOTES

*Bending the knee stretches the repaired tendon; flexion is gained gradually to protect the repair

**If approved by physician

This protocol is a guideline. Your surgeon may adjust it based on your surgery and progress.
Call the office for fever, wound drainage, calf pain or swelling, or new numbness or tingling.

Questions: 469.800.7200
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