

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

QUADRICEPS TENDON REPAIR PHYSICAL THERAPY PRESCRIPTION

Dx: s/p (Left / Right) Quadriceps Tendon Repair

Date of Surgery: _____

0-4 WEEKS

- Weight Bearing: TDWB x 2 weeks then progress to FWB
- Range of Motion Active Flexion, Passive Extension ONLY for first 6 weeks
** NO ACTIVE EXTENSION **
- Limit ROM to _____ deg for first 4 weeks, then may progress ROM
- Straight Leg Raises / Quad Isometrics

>4 WEEKS

- Quadriceps and Hamstring stretching
- Quadriceps Strengthening V.M.O. Strengthening
 Full Arc 0-30° Arc
- 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