



**Xinning Li, M.D.**



**Assistant Professor  
Sports Medicine and Shoulder Surgery  
Boston University School of Medicine – Boston Medical Center  
Boston University Athletics – Team Physician  
725 Albany Street – 4<sup>th</sup> Floor  
Boston, MA 02118  
(617) 638-5633 (Telephone – Shapiro Office)  
(617) 638-3400 (Telephone – Ryan Center)  
(617) 414-5226 (Fax)**

**Patient Name:**

**Date:**

**Diagnosis: LEFT or RIGHT - Patellar Tendon Repair**

**PATELLAR TENDON POST-OP PHYSICAL THERAPY PRESCRIPTION**

**Week 0-2**    \_\_\_ TTWB with Bledsoe in full extension  
                  \_\_\_ Active Flexion, Passive Extension

**Week 2-3**    \_\_\_ Progress to WBAT with brace in extension  
                  \_\_\_ Continue ROM

**Week 4-6**    \_\_\_ Stationary Bike  
                  \_\_\_ SLR, Quad isometrics

**Week 6**        \_\_\_ Progress to PRE's for Quads, Hamstrings, Adductors, Abductors

**Week 8**        \_\_\_ Slow jogging

**Week 10-12** \_\_\_ Sport-specific agility drills

**Week 12 +**    \_\_\_ Sprinting, jumping, progress to full participation

**Treatment: \_\_\_\_\_ times per week      Duration: \_\_\_\_\_ weeks      \_\_\_ Home Program**

\*\* Please send progress notes.

**Signature: \_\_\_\_\_**

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Boston University School of Medicine  
[www.xinningli.com](http://www.xinningli.com)**