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QUADRICEPS TENDON REPAIR - PHYSICAL THERAPY PRESCRIPTION

Patient Name:

Date:

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

Modalities:

- Weight Bearing: NWB / TTWB / PWB x 6 weeks
- 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
- CPM 3-4 hrs per day for first 6 weeks
- Straight Leg Raises / Quad Isometrics
- 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

**Please send progress notes.

Signature: _____

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