Outpatient Physical Therapy Following Surgical Repair of a Left Patellar Tendon Rupture: A Case Report
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**Background**
Patellar tendon tears often occur in patients less than 40 years old with forced flexion of the knee. Surgical repair of the tendon is most commonly the treatment following a tear; additionally, performing surgery to repair the tendon in a timely fashion is an important prognostic factor.

**Purpose**
The purpose of this case report is to outline the deficits following surgical repair of a left patellar tendon rupture, describe specific physical therapy interventions used during 12 weeks of outpatient rehabilitation, and report the outcomes of physical therapy.

**Case Description**
DH presented to physical therapy with restricted range of motion, pain, weakness, and swelling to his left knee following surgical repair of his left patellar tendon rupture. DH was originally diagnosed with a lateral patellar dislocation; therefore, his surgery was delayed six weeks due to the false diagnosis. He began physical therapy eight weeks following surgery.

**Examination**
As DH was referred to physical therapy post-operatively with a known diagnosis, no differential diagnoses were needed. Following the history, a systems review (Table 1) and examination of knee ROM, pain, and gait were performed (Table 2).

**Short Term Goals**
1. DH will reach 110 degrees passive knee flexion within 2 weeks.
2. DH will walk without circumducting the hip, and perform heel strike and toe off during the normal gait cycle within 2 weeks.
3. DH will return to work entirely pain free within 2 weeks.

**Long Term Goals**
1. DH will be able to actively flex his knee 120 degrees within 6 weeks.
2. DH will be able to perform all normal activities of daily living including tying his shoes, getting on and off the toilet, and push-mowing the lawn without pain or difficulty within 6 weeks.
3. DH will return to a normal gait pattern within 12 weeks.
4. DH will return to his prior level of function, including playing soccer, mountain biking, running, hiking, and golfing within 1 year from the date of his surgery.

**Interventions**
Passive range of motion with isometric quadriceps
Plantar flexion
Donor flexion
Hip abduction
Hip adduction
Terminal knee extension
Hip and knee extension
Straight leg raise
Short arc extension
Knee flexion
Quadriceps stretch

**Outcomes**
DH displayed fair results in 12 weeks of PT, although he remains on track for a full recovery according to his surgeon. Although DH failed to meet several of his goals, he remained optimistic about his future PT and his eventual outcome, and reported he was satisfied with therapy.

**Discussion**
There is little available evidence regarding physical therapy and prognosis of a patient following delayed surgery of a torn patellar tendon. Therefore, additional evidence will likely become available only when errors are made regarding the diagnosis of a torn patellar tendon, subsequently delaying surgery. DH was a particularly interesting patient considering his athletic prior level of functioning and his age, which is older than most patients who sustain a complete patellar tendon rupture.

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