

Quad/Patellar Tendon Repair Post-Op Protocol

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

0-6 Weeks Post-Op: General Guidelines (Patient seen for one visit to set up HEP)

Precautions: No SLR's, no prone ROM. Weightbearing status: NWBing.

ROM Guidelines: Weeks 0-2: Locked at 0 degrees ext. Weeks 2-4: 0-30 degrees flex. Weeks 4-6: 0-60 degrees flex.

Goals: Decrease pain, allow minimal passive motion, protect repair

- Patient should be fit with TROM brace, to be worn locked in extension at all times except for bathing and exercising.
- Patient to be seen one time the day after surgery to fit with brace, review HEP, and issue home e-stim unit
- HEP: Quad sets, ankle pumps, glut sets, gentle self-ROM for flexion within above limits.
- Home e-stim unit to be applied 2x/day (30 minute sessions) with quad setting
- Ice for several times / day for pain and inflammation control
- Note: if patient having difficulty achieving knee ROM outlined, should be seen in clinic 1-3x/week during this phase.

Weeks 6-8: Patient seen 2 x / week

Precautions: No SLR's, no prone ROM, no ROM >90 degrees flexion

Weightbearing status: FWBing locked in extension

- Continue above exercises
- Add sidelying adduction and abduction
- Progress to advanced hip strengthening (no SLR's)
- Add theraband ankle strengthening
- Add standing weight shifts, balance activities, calf raises with brace locked in extension
- Progress ROM to 60 degrees flexion

Weeks 8 – 10: Patient seen 2 x / week

Weightbearing status: FWBing locked in extension

Goals by Week 10: 120 degrees knee flexion, SLR without quad lag

Precautions: No closed-chain flexion past 30 degrees

- Continue above exercises
- Initiate SLR's and TKE's (supine and standing)
- Initiate prone knee flexion ROM
- Initiate closed-chain activity (within 30 degrees flexion restriction)

Week 10 – 16: Patient seen 1 – 2 x / week

Weightbearing status: FWBing with brace unlocked once able to do SLR without lag; transition to gait without brace when stable

Goals by Week 12: Full PROM knee flexion prone, normal gait pattern

- Continue above exercises as needed
- Initiate bilateral closed-chain flexion activities: step-ups, squats, lunges, etc.
- Initiated Proprio Machine training

Week 16 to 6 Months Post – Op: Patient seen as needed

Goals for Discharge: Full ROM of knee, full strength of quad and lower leg

- Focus on core control
- Initiate unilateral closed-chain flexion activities
- Focus on quad endurance, co-contraction of lower extremity musculature in functional positions
- At 4 months: initiate jogging if allowed by surgeon
- At 5 months post-op: if patient plays sports, initiate progressive sports-specific drills as tolerated

Guidelines for Return to ADL's

Patient may return to work and sports activities around six months post-op, depending on the patient's specific task requirements. Patient must achieve full functional strength and demonstrate ability to perform work duties or sport activities without pain and with proper form.

Long-Term Contraindication

- No seated knee extension machine