

QUADRICEPS / PATELLAR TENDON REPAIR PROTOCOL

The intent of this protocol is to provide a general framework for Quadriceps/Patellar tendon repairs. With in this framework there are specific guidelines for activity progression which directly relate to tissue tolerance and directional preference of movement. MOSMI staff will provide special instructions in the case that specific individual restrictions exist. Please fax initial assessment and subsequent progress notes directly to MOSMI at 952-944-0460.

PHASE I: Weeks 0-2**THERAPY APPOINTMENTS**

- Initiate 3-7 days post-operatively

GOALS:

- Protect post-surgical repair

BRACE:

- Locked in extension at 0° for ambulation

WEIGHTBEARING:

- NWB / TTWB 0-6 weeks

ROM:

- 0° - 30° PROM

THERAPEUTIC EXERCISE (suggested):

- Ankle pumps
- Patellar mobilizations
- Hamstring stretch, seated
- Gastrocnemius towel stretch, seated
- Isometric quad, hamstring, and glut sets
- UBE for cardiovascular exercise
- Modalities

PRECAUTIONS:

- No active knee extension
- Progress to Phase II once Phase I goals have been met

PHASE II: Weeks 2-6**THERAPY APPOINTMENTS**

- 1-2 visits per week

GOALS:

- Protect post-surgical repair

BRACE:

- Locked in extension at 0° during ambulation

WEIGHTBEARING:

- NWB / TTWB 0-6 weeks

ROM:

- Progress ROM 15°/day, up to 90°

THERAPEUTIC EXERCISE (suggested):

- Patellar mobilization
- Assisted SLR
- 4-way leg lifts
- Heel slides
- UBE for cardiovascular exercise
- Modalities

PRECAUTIONS:

- No active knee extension
- Progress to Phase III once Phase II goals have been met

Phase III: Weeks 6-12**THERAPY APPOINTMENTS:**

- 1 visit every 1-2 weeks

GOALS:

- Normalize gait, gradual progression
- D/C axillary crutches and brace per rehab provider and physician (good quad control and progress)

BRACE:

- Unlocked while seated
- Unlocked with ambulation with good quad control

WEIGHTBEARING:

- WBAT

ROM:

- AROM, PROM, RROM as tolerated

THERAPEUTIC EXERCISE (suggested):

- Patellar mobilization
- SLR
- 4-way leg lifts
- Heel slides
- Weight shifts
- UBE for cardiovascular exercise

PRECAUTIONS:

- Progress to Phase III once Phase II goals have been met

PHASE IV: Weeks 12-16 weeks**THERAPY APPOINTMENTS:**

- Once every week

GOALS:

- Normalize gait mechanics
- Single leg stand with good control for 10 seconds
- Squat and lunge to 70° of knee flexion without weight shift
- Full AROM, knee flexion and extension
- Return to impact activities as tolerated

BRACE:

- N/A

WEIGHTBEARING:

- WBAT

ROM:

- Full

THERAPEUTIC EXERCISE (suggested):

- Gait training/drills
- Balance and proprioception exercises
- Core strength and stabilization
- Quadriceps strengthening (SAQ and LAQ. Gradual progression of resistance)
- Functional movement exercises
- Stretching
- Stationary bike or Stairmaster for cardiovascular exercise

PRECAUTIONS:

- Avoid forceful contractions

PHASE V: Weeks 16-20**THERAPY APPOINTMENTS:**

- Once every 1- 3 weeks

GOALS:

- No pain with sport and work activities
- Good quad control

WEIGHTBEARING:

- FWB

ROM:

- Full

THERAPEUTIC EXERCISE (suggested):

- Impact control exercises
- Movement control exercises (low to high velocity, single to multi-plane activities)
- Sport/work related drills for balance and proprioceptive
- Hip and core strength
- Stretching
- Sport and work specific demands

PRECAUTIONS:

- Avoid running with limp
- Post-activity soreness should resolve within 24 hours
- Avoid post-activity swelling

RETURN TO WORK/SPORT

- Dynamic neuromuscular control with multi-plane activities, without pain or swelling