

Quadriceps and Patellar Tendon Repair Postoperative Rehab Protocol

REHAB PROTOCOL

Phase 1: 0-2 Weeks Post-op

Goals	<ul style="list-style-type: none"> • Protect repair • Minimize pain and swelling • Begin physical therapy/home exercise program 3 days after surgery
Brace/Crutch Use	<ul style="list-style-type: none"> • Brace locked at full extension (0 degrees) for the first 6 weeks • Weightbearing as tolerated with brace locked at full extension (0 degree)
Range of Motion	<ul style="list-style-type: none"> • No active knee range of motion • Gentle passive knee flexion < 30 degrees with no forced passive flexion
Strengthening	<ul style="list-style-type: none"> • Ankle pumps • Gentle patellar mobilization (medial and lateral only) • Quad sets, heel slides with towel, straight leg raises with brace locked at 0 degrees
Home Instructions	<ul style="list-style-type: none"> • Change soft dressing on post op day #3. Leave Prineo mesh and glue dressing in place. Apply island type dressing • Take DVT medication as prescribed for 4 weeks following surgery

Phase 2: 2-6 Weeks Post-op

Goals	<ul style="list-style-type: none"> • Protect repair • Minimize pain and swelling • Progress knee range of motion
Brace/Crutch Use	<ul style="list-style-type: none"> • Brace locked at full extension (0°) for the first 6 weeks • Weightbearing as tolerated with brace locked at full extension (0°) • Ok to unlock brace to 90° when sitting
Range of Motion	<ul style="list-style-type: none"> • Progress knee flexion active and passive ROM 10-15 degrees/week <ul style="list-style-type: none"> ◦ Goal of 90 degrees of knee flexion at 6 weeks • No active knee extension • Progress patellar mobilization <ul style="list-style-type: none"> ◦ Introduce gentle superior and inferior mobilization
Strengthening	<ul style="list-style-type: none"> • Quad control (quad sets, heel slides, straight leg raises) • Heel slides within ROM limitations (2-4 weeks: 0-60°; 4-6 weeks: 0-90°)

Phase 3: 6-12 Weeks Post-op

Goals	<ul style="list-style-type: none">• Regain normal gait• Improve active range of motion• Progress muscle strengthening
Brace/Crutch Use	<ul style="list-style-type: none">• Wean of crutches and brace as tolerated<ul style="list-style-type: none">◦ May use one crutch on opposite side of operative leg
Range of Motion	<ul style="list-style-type: none">• Progress to full ROM• Stationary bike• Avoid deep flexion including knee bends, squats, and lunges
Strengthening	<ul style="list-style-type: none">• Progress strengthening as appropriate while avoiding anterior knee pain• Wall slides• Hamstring curls• Leg press with 2 legs• Single leg balance starting on floor• Chair/wall squats• Controlled unilateral step ups and downs• Shallow lunge variations• NO knee extension machine

Phase 4: 12-16 Weeks Post-op

Goals	<ul style="list-style-type: none">• Full weightbearing• Full knee ROM• Progressive strengthening
Brace/Crutch Use	<ul style="list-style-type: none">• Full ambulation without crutches or brace
Range of Motion	<ul style="list-style-type: none">• Full, painless knee range of motion
Strengthening	<ul style="list-style-type: none">• Continue as above• Initiate jogging on treadmill• Lateral movements (stepping, shuffling, hopping, carioca, etc)

Phase 5: 16+ Weeks Post-op

Goals	<ul style="list-style-type: none">• Return to full activity and sport
Range of Motion	<ul style="list-style-type: none">• Full, painless knee range of motion
Strengthening	<ul style="list-style-type: none">• Agility and plyometrics with progression as tolerated• Increase running program<ul style="list-style-type: none">◦ Must have full, pain-free ROM, minimal swelling, pain-free hopping in place,
Return to Sport Criteria	<ul style="list-style-type: none">• Typically, no sooner than 6 months• Full strength- at least 85-95% of unaffected leg<ul style="list-style-type: none">◦ Isokinetic testing if needed• Appropriate neuromuscular control• Physician clearance

Please have physical therapist call Dr. Schuette's office with any questions: (952) 442-6943