



QUADRICEPS/PATELLAR TENDON REPAIR POST-OP PROTOCOL

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Patient Name:
Date of Surgery:

Brace locked at 0° for ambulation for 6-8 weeks with crutches.

Initial Visit: Dressing change

Start PT at 3-4 weeks

May start WBAT with brace locked in extension

At 6 weeks typically can open the brace 0-90° with ambulation with crutches, unless otherwise specified.

Precautions: Avoid impact loads/sudden activation (eccentric load)

Goals: A/AAROM 90-100° by 6 weeks, 0-110° by week 8, 0-130° by week 10, and 0-135° by week 12.

Week 1-4

No active ROM knee extension

PROM knee ext to 0°

AROM/AAROM knee flexion - very gently

Gradually unlock brace for sitting as PROM knee flexion improves

Exercises:

Ankle pumps

Patellar mobilizations

Hamstring stretch sitting

Gastroc stretch with towel

Heelslides

Quad sets- may add E-stim for re-education at 2-3 weeks upon MD approval

Patellar mobilization- all directions

SLR all directions, active assistive flexion - start at 3rd post-op week - do not allow lag - use E-stim as needed after 2-3 weeks. If unable to achieve full extension, perform SLR in knee immobilizer

Week 5

Gradually increase A/AAROM knee flexion

Exercises:

Submaximal multi-angle isometrics (30-50% only)

Continue knee flexion ROM - rocking chair at home

Active SLR 4 way - no weight for flexion - watch for extensor lag - increase resistance for hip abduction, adduction, and extension.

Add aquatic therapy if available. Move slowly so water is assistive and not resistive

Aquatic therapy exercises:

With knee submerged in water, knee dangling at 80-90° - slowly actively extend knee to 0°

Water walking in chest deep water

SLR 4 way in the water with knee straight

Knee flexion in water

Weeks 6-8

Brace - unlock for sitting to 90° at 6 weeks. If quad control is sufficient at 8 weeks, unlock brace 0-90° for ambulation with crutches and gradually open brace as ROM improves. Progress to ambulation at 8 weeks with no crutches as quadriceps strength allows. D/C crutches and brace at 8-12 weeks depending on patient's quadriceps control. Emphasize frequent ROM exercises.

Goals - Gradually increase P/A/AAROM during weeks 6-8

Exercises:

Total gym semi-squats level 3-4

Gradually increase weight on all SLR, if no lag present

Week 6- bike (begin with rocking and progress to full revolutions)

Week 6- closed chain terminal knee extension with theraband

Week 6- SAQ (AROM)

Week 7- LAQ (AROM)

Week 8- SAQ (gradually increase resistance)

Week 8- LAQ (gradually increase resistance)

Week 8- weight shifts

Week 8- balance master and/or BAPS - with bilateral LE weight bearing

Week 8- cones

Weeks 9-10

Exercises:

Total gym level 5-6

Bilateral leg press - concentric only - no significant load work until 12 weeks

Weight shift on mini tramp

Toe rises

Treadmill - concentrate on pattern with eccentric knee control

Weeks 11-16

Exercises:

Leg press - gradually increase weight and begin unilateral leg press at week 12
Wall squats
Balance activities: unilateral stance eyes open and closed, balance master
Standing mini squats
Step-ups - start concentrically, 2" to start and progress as tolerated
Week 16- lunges
Week 16 - stairclimber/elliptical machine

Criteria to start running program

Patient is able to walk with a normal gait pattern for at least 20 minutes without symptoms and performs ADL's pain-free
ROM is equal to uninvolved side, or at least 0-125°
Hamstring and quadriceps strength is 70% of the uninvolved side isokinetically
Patient without pain, edema, crepitus, or giving-way