

QUADRICEPS/PATELLAR TENDON REPAIR PROTOCOL

Pre-operative Expectations:

Bracing

1. A knee immobilizer may be necessary to prevent further injury. This should be worn at all times when up and active. Lock brace in full extension. This can be a knee immobilizer or a hinged brace (TROM).

POST-OP WEEK 0-1:

Home Expectations:

1. Surgical dressing may be changed per discharge orders. Keep clean, dry and covered at all times until post op visit.
2. Pain management:
 - a. Cryotherapy: Apply to surgical site to decrease post op edema and help with pain reduction. Use as often as needed.
 - b. Prescription pain medications as needed.
 - c. Elevation of surgical site above the level of your heart.

Therapy Goals:

1. Gait:
 - a. Continue TROM brace.
 - i. When Ambulating - keep TROM brace locked.
 - ii. When Non- ambulating - Allow TROM brace 0-30 degrees motion.
 - b. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.

POST-OP WEEK 1-6: (Start of therapy to be determined by surgeon)

Home Expectations:

1. Gait:
 - a. Continue to wear TROM brace 0-30 degrees, both ambulating and non-ambulating.
 - b. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.
2. Pain management:
 - a. Cryotherapy: Continue to use ice to decrease pain and swelling, post exercise and as often as needed.
 - b. Pain medications. Wean off of prescription pain medications and start Acetaminophen and/or NSAIDS as needed.
 - c. Elevation: Continue as needed for edema/swelling

3. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post op.

Therapy Goals:

1. Range of Motion:
 - a. TROM: Progress to 0 degrees extension - 90 degrees flexion.
2. PROM:
 - a. Emphasize terminal knee extension to achieve normal ROM.
3. Strengthening:
 - a. Multi-hip
 - b. Closed chain activities
 - c. Knee flexion
 - d. No Open chain knee extension
 - e. Balance/proprioception activities

POST-OP WEEKS 6-12:

Home Expectations:

1. Follow up with your Orthopedic Surgeon at 6 weeks post op.
 - a. Discuss when brace can be discontinued.
2. Gait:
 - a. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.
3. Resume normal recreation and functional activities as tolerated.

Therapy Goals:

1. Continue PROM:
 - a. Emphasize terminal knee extension and advance knee flexion to 120+ degrees.
2. Strengthening:
 - a. Continue closed chain exercises and Proprioception
 - b. No open chain knee extension for 12 weeks.
3. Functional training:
 - a. Activities including swimming, cycling, walking/jogging/running progression on a straight and level surface
 - b. Advanced knee rehab activities as indicated including lateral shuffles, cariocas, jump rope, sport specific training.
4. Cardiovascular:
 - a. Patients are limited to low impact, in-line sports such as swimming, cycling, rowing machine, and jogging on a straight level surface.
5. Return to full activity:
 - a. As indicated by adequate muscle strength, proprioceptive development, and physician orders.

This protocol provides you with general guidelines for the rehabilitation of a Quadriceps/Patellar Tendon Repair. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's order take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.