



## Isolated Lateral Extra-articular Tenodesis Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
<b>Weeks 0 – 2</b>	<ul style="list-style-type: none"> <li>• Protect surgical site</li> <li>• Active ROM: 0-90°</li> <li>• Reduce muscle atrophy</li> <li>• Reduce swelling</li> <li>• Decrease pain and inflammation</li> </ul>	<ul style="list-style-type: none"> <li>• ROM: 0 - 90°</li> <li>• Weightbearing as tolerated (WBAT) with the knee in full extension using crutches</li> <li>• Immobilizer must always be on when walking</li> </ul>	<ul style="list-style-type: none"> <li>• PRICE               <ul style="list-style-type: none"> <li>○ Cryotherapy: 5-7 times per day</li> <li>○ Compression with TubiGrip/TEDS</li> </ul> </li> <li>• ROM (limited to 0 - 90°):               <ul style="list-style-type: none"> <li>○ Heel slides, Patella mobilizations</li> <li>○ Prone knee hangs / Supine knee extension with towel under ankle</li> </ul> </li> <li>• Quadriceps recruitment</li> <li>• Global LE isometric/proximal hip strengthening</li> <li>• Gait training with crutches</li> <li>• Initial Visit: FOTO, LEFS</li> </ul>
<b>Weeks 2 – 6</b>	<ul style="list-style-type: none"> <li>• Discontinue knee immobilizer</li> <li>• Achieve Full ROM</li> <li>• Reduce atrophy / progress strengthening</li> <li>• Reduce swelling</li> <li>• Normalize gait</li> <li>• SLR without extensor lag</li> </ul>	<ul style="list-style-type: none"> <li>• Progress to WBAT (wean crutches)</li> <li>• No loading at knee flexion angles &gt; 90 degrees (12 weeks)</li> <li>• No jogging or sport activity</li> <li>• Avoid painful activities / exercises</li> </ul>	<ul style="list-style-type: none"> <li>• ROM As tolerated</li> <li>• Gait training from WBAT to independent</li> <li>• Core stabilization exercises</li> <li>• Neuromuscular re-education</li> <li>• Global LE strengthening               <ul style="list-style-type: none"> <li>○ Limit deep knee flexion angles &gt; 90°</li> <li>○ Begin functional strengthening exercises (bridge, mini-squat, step up, etc.)</li> </ul> </li> <li>• Double limb + single limb balance / proprioception</li> <li>• Aerobic training:               <ul style="list-style-type: none"> <li>○ Walking program when walking with normal gait</li> <li>○ Stationary bike</li> </ul> </li> <li>• Week 4: FOTO, LEFS</li> </ul>
<b>Weeks 6 – 12</b>	<ul style="list-style-type: none"> <li>• No effusion</li> <li>• Full ROM</li> <li>• Increase functional LE strength</li> <li>• Return to activity as tolerated</li> <li>• Initiate return to running program</li> <li>• Initiate basic plyometrics</li> </ul>	<ul style="list-style-type: none"> <li>• No loading at knee flexion angles &gt;90 degrees (16 weeks)</li> <li>• Avoid painful activities / exercises</li> <li>• No running until week 8 and cleared by surgeon</li> <li>• No jogging if painful or swollen</li> <li>• No plyometric exercises until week 12 and cleared by surgeon</li> </ul>	<ul style="list-style-type: none"> <li>• Aerobic training               <ul style="list-style-type: none"> <li>○ Begin non-impact aerobic training (elliptical / Stairmaster)</li> </ul> </li> <li>• Increase loading capacity for lower extremity strengthening exercises</li> <li>• Continue balance / proprioceptive training</li> <li>• Week 8: Begin return to running program</li> <li>• Week 8: FOTO, LEFS</li> <li>• Week 12: start low level plyos + agility training</li> </ul>
<b>Weeks 12 +</b>	<ul style="list-style-type: none"> <li>• Full ROM</li> <li>• Functional strengthening</li> <li>• Return to sport/activity</li> </ul>	<ul style="list-style-type: none"> <li>• Return to sport 3 - 4 months post-op with surgeon approval</li> </ul>	<ul style="list-style-type: none"> <li>• Gradually increase lifting loads focusing on form, control, and tissue tolerance</li> <li>• Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills</li> <li>• Week 18: FOTO, LEFS</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.