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## **Quadriceps and Patellar Tendon Repair Rehabilitation Protocol**

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0-3	<ul> <li>Manage swelling and pain</li> <li>Protect surgical site</li> <li>PRICE principles</li> <li>ROM: 0 - 30°</li> <li>Reduce muscle atrophy</li> <li>Reduce swelling</li> <li>Decrease pain and inflammation</li> <li>Maintain full brace use for standing, walking, sleeping</li> </ul>	<ul> <li>Toe Touch Weight Bearing         (Heel to flat) with Knee in Full         Extension using crutches         <ul> <li>Brace must be on and locked in extension when WB</li> </ul> </li> <li>ROM restrictions:         <ul> <li>0 - 30° with surgeon approval</li> <li>ACTIVE flexion and PASSIVE knee extension only</li> </ul> </li> <li>Allograft use will slow progression (contact surgeon for restrictions)</li> </ul>	<ul> <li>PRICE</li> <li>Cryotherapy (5 x day) / Modalities as indicated</li> <li>Compression with TubiGrip / TEDS</li> <li>ROM limited from 0 - 30°:         <ul> <li>Supine knee extension w/ towel under ankle</li> <li>Patella Mobilizations</li> </ul> </li> <li>Quadriceps recruitment</li> <li>Gen LE isometric / proximal hip strengthening</li> <li>Gait training with crutches</li> <li>Cardio: Upper body ergometer</li> <li>Initial visit: FOTO, LEFS, PRO</li> </ul>
Weeks 3 – 6	<ul> <li>Protect surgical site</li> <li>Price principles</li> <li>ROM: 0 - 60°</li> <li>Reduce atrophy / progress strengthening</li> <li>Reduce swelling</li> <li>Progress weight bearing</li> <li>SLR without extensor lag</li> <li>Maintain full brace use for standing, walking, sleeping</li> </ul>	Toe Touch Weight Bearing (Heel to flat) with Knee in Full Extension using crutches  Brace must be on and locked in extension when WB  Progress to WBAT at Week 6  ***Surgeon may progress quicker depending on repair  ROM 0 - 60°  Avoid painful activities / exercises	<ul> <li>Cryotherapy (5 x day) / Modalities as indicated</li> <li>Gait training to WBAT</li> <li>ROM limited from 0 - 60°:</li> <li>Core stabilization exercises</li> <li>Global LE strengthening</li> <li>SLR in all planes</li> <li>Double limb weight shift / balance / proprioception</li> <li>Cardio: Upper body ergometer</li> <li>Week 6: FOTO, LEFS</li> </ul>
Weeks 6 – 9	<ul> <li>ROM: 0 - 90°</li> <li>Restore full patellar mobility</li> <li>Wean from crutches with brace unlocked from 0-40 degrees</li> <li>Initiate functional LE strength with quad activation in weight bearing</li> </ul>	<ul> <li>ROM restrictions: 0 - 90°</li> <li>ACTIVE flexion and PASSIVE knee extension only</li> <li>Brace worn while weight bearing</li> <li>0 - 40° knee flexion maximum with all weight bearing activity</li> <li>Avoid painful activities / exercises</li> </ul>	<ul> <li>Aerobic training – UBE and UE circuit</li> <li>Increase loading capacity for lower extremity strengthening exercises with a 40° flexion maximum</li> <li>Continue balance/proprioceptive training</li> <li>Core strength and OKC strength all planes</li> <li>Week 9: FOTO, LEFS</li> </ul>
Weeks 9 – 16	<ul> <li>Full ROM</li> <li>Normalize gait</li> <li>Discontinue brace</li> <li>Functional strengthening</li> <li>Begin stationary bike when able</li> </ul>	<ul> <li>Progress ROM         <ul> <li>ACTIVE flexion</li> <li>ACTIVE knee extension</li> </ul> </li> <li>Avoid impact of involved LE</li> <li>No eccentric training of involved LE</li> </ul>	<ul> <li>Walking drills, Initiate stretching as needed</li> <li>Progress as tolerated: ROM, CKC strength, Endurance, Proprioception / Balance</li> <li>Cardio: Stationary bike, elliptical</li> <li>Week 12: FOTO, LEFS</li> </ul>
Weeks 16 +	<ul> <li>Correct asymmetries between LEs</li> <li>Initiate increased impact and dynamic activity with surgeon approval (jumping, running etc.)</li> <li>Avoid cutting, pivoting until week 20</li> <li>Unrestricted return to activity (Months 6-9)</li> </ul>	<ul> <li>Avoid running / jumping on a painful or swollen knee</li> <li>Avoid cutting, pivoting, and high intensity plyometrics until week 20</li> <li>Proper form and control during exercise → Avoid faulty mechanics</li> <li>Post activity soreness resolution within 24 hours</li> </ul>	<ul> <li>Can begin loading beyond 90° as tolerated</li> <li>Initiation of power activity</li> <li>Sport specific movements when allowed</li> <li>Core strength</li> <li>Agility / footwork when allowed</li> <li>Week 16: FOTO, LEFS, PRO</li> <li>Athletes may perform RTS testing at week 24</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.

