### Dr. Ernat's Quadriceps or Patellar Tendon Repair Post-Operative Protocol

#### May attend up to 1-3 times weekly for 12-16 weeks.

*Timing of each phase varies based on the size of the tear, quality of tissue, length of time immobilized, strength/ROM status, and expected performance/activity demands.* 

**PHYSICAL THERAPY (PT):** Typically will start 2-6 weeks after surgery depending on the extent of your injury.

**RESTRICTIONS:** No FWB/FROM initially.

**WB / CRUTCHES:** TDWB first week with crutches and brace. PWB wks 1-4 then increase by 25% each week as tolerated to wean off crutches by week 6. FWB in brace 6-8 weeks.

**BRACE:** Wear 6 weeks, even for sleep. Then wean wks 6-8 and brace can be used for ambulation otherwise not mandatory.

**RANGE OF MOTION:** Flexion 0-30 degrees for first 2 weeks, increase 10-15 degrees a week. Goal 0-60 by week 4/5, 0-90 by wks 6. Full ROM as tolerated by weeks 8-10.

STRENGTHENING: Begin quad sets and SLR post-op week 1. Light resistance progress wks 6-8.

**MODALITIES:** Per PT or ATC's discretion. Ice use 3-5 x/day first 10-14 days then 2-3 x/day wks 1-4 as needed.

RETURN TO ACTIVITY: subject to change, based on individual progress Recumbent bike: 6 weeks Elliptical: 10 weeks Planks: 10 weeks Road bike outside: 10-12 weeks Golf (chip/putt): 3 months Swimming: 3-4 months Light jogging: 3-4 months Golf (full swing): 4 months Running: 4-6 months Tennis: 6 months Skiing: 6 months Soccer: 6 months Basketball: 6 months Contact sports: 6 months

PHASE I – PROTECTION/RANGE OF MOTION (POST-OP WKS: 0-6)

(POST-OP WKS: 1)

- Ice and elevation to decrease pain and swelling.
- TDWB with crutches and knee brace brace locked in extension for sleep. Brace for minimum 6 weeks total

- When awake and alert may loosen brace for quad sets. SLR in knee immobilizer.
- See ROM progression as above.
- No flexion for 10 days.

## (POST-OP WKS: 1-4)

- Continue ice, elevation, quad sets, SLR in brace.
- PWB 50% wks 1-4, increase by 25% each wk as tolerated to wean off crutches.
- See ROM progression as above.
- At 10 days start 0-30 flexion. increasing 10-15 degrees a week.

# (POST-OP WKS: 4–6)

- 1) Progress to full-weight bearing in brace.
- 2) Patella and patella tendon mobility exercises, quad sets, SLR, ankle pumps.
- 3) At 6 weeks may increase mobility to  $0\infty$ -90 $\infty$ .
- 4) Initiate pool program.

## PHASE II - ROM/LIGHT RESISTANCE (POST-OP WKS: 6-12)

(POST-OP WKS: 6-8)

- · Continue with swelling control and patella mobility, quad sets and SLR.
- FWB in brace but may wean for ambulation, progress to full ROM as tolerated.
- Begin multi-plane straight leg raises and closed chain strengthening program.
- Gait Training; Begin stationary bike when motion allows.

# (POST-OP WKS: 8-12)

- · Continue working on ROM; 0∞-120∞ by week 10.
- · Short arc quad sets and single leg closed chain quad strengthening.
- Begin walking program as tolerated.
- Weeks 10-12 begin proprioceptive drills and may begin elliptical.

### PHASE III – STRENGTHENING (POST-OP WKS: 12–16)

- · Continue with strengthening and increase intensity of proprioception drills.
- Begin gym strengthening, avoid lunges and knee extensions.

### PHASE IV – FUNCTIONAL PROGRESSION (POST-OP WKS: 16–20)

Begin running progression and continue with strengthening.

### PHASE V – RETURN TO ACTIVITY/SPORT (POST-OP WKS: 20-24+)

- · Advanced strengthening and functional drills.
- Return to sport when cleared by your physician.

### **KEY FOR PATIENTS:**

**POST-OP** = after your surgery

**WB** = weight-bearing

**ROM** = range of motion

**PROM** = passive range of motion, someone else moves you

**AAROM** = active assisted range of motion

**AROM** = active range of motion, you move yourself

**RROM** = resisted range of motion, motion against resistance, strengthening

SLR = straight leg raise WNL = within normal limits