

QUADRICEPS OR PATELLAR TENDON REPAIR PROTOCOL

Date of Surgery: _____

| Postop | Goals | Precautions | Exercises |
|--|--|--|--|
| Weeks 0-6 PT 1-2x/week HEP daily | Edema and pain control Protect surgical repair Maintain full extension Limit quad inhibition ROM 0-90° | PWB (50%) Brace locked in extension at all times for ambulation and during sleep - remove for exercises only No active knee extension Avoid prolonged standing/walking Ensure proper brace alignment | Brace education Cryotherapy Proximal/distal strengthening Seated A/AA knee FLEXION within limits Passive knee EXTENSION Quadriceps re-education & isometrics SLR brace locked in extension Scar mobilization Patella mobilization Gait training |
| <div> Must adhere to MD ROM limits Knee flexion progression: Weeks 0-2: 0-45° Weeks 2-4: 0-60° Weeks 4-6: 0-90° </div> | | | |
| Weeks 6-12 PT 2-3x/week HEP daily | ROM 0-125° No extensor lag Normalize gait Ascend 8" step Minimize pain and swelling Activity modification education | WBAT locked ambulation Unlock 0-60° ambulation (week 8) No WB with flexion >90° | Gait training with flexion stop at 60° once patient demonstrates good quad control A/AA knee flexion Pool ambulation (if wound OK) Patellar mobilizations Short crank → regular bike (flexion >110°) Leg press (bilateral 0-90°) Initiate forward step-up program Initiate squat program (wall slide) Proprioceptive exercises Retro-ambulation |
| <div> Notify MD if knee flexion <90° by 8 weeks <110° by 10 weeks </div> | | | |
| Weeks 12-18 PT 1-2x/week HEP daily | Full ROM Descend 8" step with good eccentric leg control Return to normal ADLs | WBAT DC brace when adequate quad control (communicate with MD) Avoid aggravating activities Avoid reciprocal stair decent No running or sport Swimming OK at 12 weeks | Continue flexion ROM Incorporate quadriceps flexibility exercises Advance closed chain exercise Initiate step-down program Progress squat program Isokinetic/isotonic knee extension Advanced proprioceptive training Agility training Elliptical |
| Weeks 18-26 PT 1-2x/week HEP daily | Maximize strength, flexibility, and endurance with sport specific movements Gradual return to activity Goal >90% limb symmetry on functional and isokinetic test | WBAT Avoid aggravating activities Return to sport (MD directed) Running/jumping at 20 weeks | Advance agility program/sport specific Plyometric program Forward running pain-free |



JOSEPH LAMPLIT, MD

Orthopaedic Surgery & Sports Medicine