

HSS – ERPB

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**DR. GABRIELLA ODE**

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**PHYSICAL THERAPY PROTOCOL
PATELLAR/QUAD TENDON REPAIR**

Procedure	Date of Surgery: _____ R L B/L Knee Quad Tendon Repair Patellar Tendon Repair Additional Procedures: _____
Plan	Physical Therapy for R L B/L Lower Extremity 2-3x Per Week x 8 Weeks
General Guidelines	Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant procedures such as additional ligament reconstruction, meniscal repair and articular cartilage procedures may alter the guideline. Follow physician's modifications as prescribed

PHASE I (surgery to 2 weeks after surgery)	
Appointments	Rehabilitation appointments begin 3-5 days after surgery
Rehabilitation Goals	Protect the post-surgical repair
Precautions and Range of Motion (ROM)	- Ambulate with crutches - Continually use the dial brace locked in extension and crutches for weight-bearing as tolerated (WBAT). The brace must be worn and locked at all times other than when performing rehabilitation exercises. - No active or passive flexion first 2 weeks. Allow passive 0-30 with supervision starting at week 2. - Keep the incision and sutures dry.
Cardiovascular Exercise	Upper body circuit training or upper body ergometer (UBE)
Progression Criteria	Progress two weeks post-operatively

PHASE II (begin after meeting Phase I criteria, usually 2-6 weeks after surgery)	
Appointments	Rehabilitation appointments are 1-2 times per week
Rehabilitation Goals	- Normalize gait with WBAT with gradual progression, continuing to use the brace locked in extension, the ability to discontinue the crutches will be determined by the rehabilitation provider and physician based on your progress and leg control - Protection of post-surgical repair
Precautions and Range of Motion (ROM)	Continually use the dial brace locked in extension and use crutches for WBAT, with gradual progression, for ambulation,

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	the brace must be worn and locked at all times other than when performing rehabilitation exercises. - Weeks 3-6 = 0° to 90° of knee motion without active quadriceps extension (i.e. no active knee extension) <i>Precautions and ROM limits may be altered by the surgeon based on the integrity of the repair and associated injury. These changes will be specifically stated by the surgeon</i>
Suggested Therapeutic Exercise	- Heel slides - Knee extension ROM with foot resting on a towel roll 4-way leg lifts with brace locked in extension - Gentle patellar mobilizations - Weight shifting on to surgical side with brace on
Cardiovascular Exercise	Upper body circuit training or UBE
Progression Criteria	- Normal gait mechanics without crutches - Active knee ROM at least 0°-0°-110°

PHASE III (begin after meeting Phase II criteria, usually 6-12 weeks after surgery)

Appointments	Rehabilitation appointments are once every week
Rehabilitation Goals	- Normalize gait on all surfaces without brace - Single leg stand with good control for 10 seconds - Full knee ROM - Good control with squat to 70° of knee flexion
Precautions and Range of Motion (ROM)	- Avoid any forceful eccentric contractions - Avoid impact activities - Avoid exercises that create movement compensations
Suggested Therapeutic Exercise	- Non-impact balance and proprioceptive drills - Stationary bike - Gait drills - Hip and core strengthening - Stretching for patient specific muscle imbalances
Cardiovascular Exercise	Replicate sport/work specific energy demands
Progression Criteria	- Dynamic neuromuscular control with multi-plane activities, without pain, instability or swelling. - Physician and rehabilitation specialist approval

PHASE IV (begin at 12 weeks after surgery and continue until progression criteria is met)

Appointments	Rehabilitation appointments are once every 1-3 weeks
Rehabilitation Goals	Good control and no pain with sport and work specific movements, including impact

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Precautions and Range of Motion (ROM)	• Post-activity soreness should resolve within 24 hours • Avoid post-activity swelling • Avoid running with a limp
Suggested Therapeutic Exercise	• Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot. • Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities. • Sport/work specific balance and proprioceptive drills • Hip and core strengthening • Stretching for patient specific muscle imbalances
Cardiovascular Exercise	• Replicate sport/work specific energy demands
Return to Sport/Work Criteria	• Dynamic neuromuscular control with multi-plane activities, without pain or swelling
Progression Criteria	• Patient may return to sport after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer