Prisma Health Blue Ridge Orthopaedics-Easley

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### Dr. Gabriella Ode

### Sports Medicine and Shoulder Surgery

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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)	<ul> <li>Ambulate with crutches</li> <li>Continually use the dial brace locked in extension and crutches for weight-bearingas tolerated (WBAT). The brace must be worn and locked at all times other than when performing rehabilitation exercises.</li> <li>No active or passive flexion first 2 weeks. Allow passive 0-30 with supervision starting at week 2.</li> <li>Keep the incision and sutures dry.</li> </ul>			
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	

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	by the rehabilitation provider and physician based on your progress and leg control  • Protection of post-surgical repair	
Precautions and Range of Motion (ROM)	<ul> <li>Continually use the dial brace locked in extension and use crutches for WBAT, with gradual progression, for ambulation, the brace must be worn and locked at all times other than when performing rehabilitation exercises.</li> <li>Weeks 3-6 = 0° to 90° of knee motion without active quadriceps extension (i.e. no active knee extension)</li> <li>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</li> </ul>	
Suggested Therapeutic Exercise	<ul> <li>Heel slides</li> <li>Knee extension ROM with foot resting on a towel roll</li> <li>4-way leg lifts with brace locked in extension</li> <li>Gentle patellar mobilizations</li> <li>Weight shifting on to surgical side with brace on</li> </ul>	
Cardiovascular Exercise	Upper body circuit training or UBE	
Progression Criteria	<ul> <li>Normal gait mechanics without crutches</li> <li>Active knee ROM at least 0°-0°-110°</li> </ul>	

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	
	Stationery bike	
	Gait drills	
	Hip and core strengthening	
	Stretching for patient specific muscle imbalances	

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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

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