

Quadriceps Tendon Repair Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, *please wash hands* prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using *sterile* technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap.

Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.

Quadriceps Repair Protocol

Phase 1 – maximum protection

0-2 weeks:

- Brace locked in full extension for 6 weeks
- Partial weight bearing for 2 weeks
- Ice and modalities to reduce pain and inflammation
- Aggressive patella mobility drills
- Range of motion 0° to 30° knee flexion
- Begin submaximal quadriceps setting

Weeks 2-4:

- Weight bearing as tolerated; progressing off of crutches
- Continue with inflammation control
- Continue with aggressive patella mobility
- Range of motion 0° to 60°
- Continue with submaximal quadriceps setting

Weeks 4-6:

- Full weight bearing
- Continue with ice and aggressive patella mobility
- Range of motion 0° to 90° (by week 6)
- Increase intensity with quadriceps setting

PHASE II – PROGRESSIVE RANGE OF MOTION AND EARLY STRENGTHENING

Weeks 6-8:

- Full weight bearing
- Open brace to 45°- 60° of flexion week 6, 90° at week 7
- Continue with swelling control and patella mobility
- Gradually progress to full range of motion
- Begin multi-plane straight leg raising and closed kinetic chain strengthening program focusing on quality VMO function.
- Initiate open kinetic chain progressing to closed kinetic chain multi-plane hip strengthening
- Normalize gait pattern
- Begin stationary bike
- Initiate pool program

Weeks 8-10:

- Wean out of brace
- Continue with patella mobility drills
- Normalize gait pattern
- Restore full ROM
- Progress open and closed kinetic chain program from bilateral to unilateral
- Increase intensity on stationary bike
- Begin treadmill walking program forward and backward
- Begin elliptical trainer

Weeks 10-12:

- Full ROM
- Terminal quadriceps stretching
- Advance unilateral open and closed kinetic chain strengthening

PHASE III – PROGRESSIVE STRENGTHENING

Weeks 12-16:

- Advance open and closed kinetic chain strengthening
- Increase intensity on bike, treadmill, and elliptical trainer
- Increase difficulty and intensity on proprioception drills
- Begin gym strengthening: leg press, hamstring curls, ab/adduction; avoid lunges and knee extensions
- Begin multi-directional functional cord program

PHASE IV – ADVANCED STRENGTHENING AND FUNCTIONAL DRILLS

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Weeks 16-20:

- May begin leg extensions; 30° to 0° progressing to full ROM as patellofemoral arthrokinematics normalize
- Begin pool running program advancing to land as tolerated

PHASE V – PLYOMETRIC DRILLS AND RETURN TO SPORT PHASE

Weeks 20-24:

- Advance gym strengthening
- Progress running/sprinting program
- Begin multi-directional field/court drills
- Begin bilateral progressing to unilateral plyometric drills
- Follow-up appointment with physician
- Sports test for return to competition

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ Date _____