

Quadriceps or Patella Tendon Repair

Weeks One and Two	Weeks Two To Four
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> ➤ Range of motion ➤ Joint hemarthrosis ➤ Ability to contract quad/VMO ➤ Inspect for infection/signs of DVT ➤ Assess RTW and sport expectations ➤ Gait (typically present locked in Bledsoe. WB status is dependent on tear and surgical technique. Consult physician if not stated on order) 	<ul style="list-style-type: none"> ➤ Range of Motion ➤ Joint Hemarthrosis ➤ Ability to contract quad/vmo ➤ Signs of infection or DVT ➤ Patella mobility
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Support physician prescribed meds ➤ Reinforce use of crutches and brace ➤ Discuss surgical precautions ➤ Discuss frequency and duration of treatment (2-3x/wk is expected for the first 6-8 weeks, followed by intermittent appointments over another 6-8 weeks) 	<ul style="list-style-type: none"> ➤ Crutch use is case dependent. Refer to MD order or contact physician ➤ Reinforce precautions ➤ Ensure continued use of brace
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Initiate HEP (ankle pumps, quad sets, and hamstring/gastroc stretching) ➤ No flexion activity will typically be allowed until 4 weeks and will be case dependent. Refer to MD order or contact physician 	<ul style="list-style-type: none"> ➤ Continue with ankle pumps, quad sets, and hamstring/gastroc stretching ➤ Should include early weight shifting and proprioception ➤ Initiate multi- plane leg raises in brace ➤ Initiate heel slides, and AAKE at 4 weeks
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ No patella mobilization ➤ PROM will typically not be allowed until 4 weeks and is case dependent. Refer to MD order or contact physician 	<ul style="list-style-type: none"> ➤ Initiate gentle patella mobilization ➤ Initiate gentle mobilization of incision when appropriate ➤ Initiate PROM flexion at 4 weeks
Modalities	Modalities
<ul style="list-style-type: none"> ➤ May initiate use of NMES ➤ Electric stimulation, biofeedback, and ice may be used as needed 	<ul style="list-style-type: none"> ➤ Continue use of NMES as needed ➤ Other modalities may be used as needed
Goals	Goals
<ul style="list-style-type: none"> ➤ Control pain ➤ Reduce joint hemarthrosis ➤ Restore quad contraction ➤ Independence with post-op precautions 	<ul style="list-style-type: none"> ➤ Control Pain ➤ Restore normal gait within brace ➤ Initiate restoration of Flexion ROM at 4 weeks



**SEACOAST
ORTHOPEDICS
& SPORTS MEDICINE**

Frisbie Memorial Hospital Marsh Brook Rehabilitation Service Wentworth-Douglass Hospital Durham: Rehab and Sports Therapy Center

Weeks Four To Six	Weeks Six To Eight
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ Gait and brace needs ➤ Quad contraction ➤ ROM ➤ Balance 	<ul style="list-style-type: none"> ➤ Any ROM restrictions ➤ HEP compliance ➤ Balance
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Use single axillary crutch as needed to normalize gait ➤ Wean from crutches as able 	<ul style="list-style-type: none"> ➤ D/C brace with good quad contraction and physician approval typically by 8 weeks
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Initiate stationary bike ➤ Progress open chain isotonic ➤ Progress to multi angle isometrics ➤ Initiate balance activities 	<ul style="list-style-type: none"> ➤ Bilateral dynamic balance activity ➤ Initiate gentle closed chain exercises for quad contraction and proprioception in partial ROM (wall slide, leg press) 6 weeks
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ May complete patella mobilization as needed ➤ PROM and joint mobilization as indicated 	<ul style="list-style-type: none"> ➤ Any as indicated
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Any as Indicated 	<ul style="list-style-type: none"> ➤ Any as Indicated
Goals	Goals
<ul style="list-style-type: none"> ➤ Quad strength 4/5 by week 6 ➤ Normal gait within brace with crutches as needed ➤ 0-90 degrees ROM by week 6 	<ul style="list-style-type: none"> ➤ Normal gait on flat level surface without assistive device ➤ No pain with ADL's ➤ 0-120 degrees ROM by week 8

Weeks Eight To Twelve	Weeks Twelve To Discharge
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ HEP compliance ➤ Patella mobility/crepitus ➤ Balance/single leg stance 	<ul style="list-style-type: none"> ➤ Address any deficits that may limit return to work or sport goals ➤ Complete functional movement screen
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Progress isotonic strength training to include movement in multiple planes at 8 weeks ➤ Progress closed chain exercises for quad contraction and proprioception (assisted squatting, and step-up) 10 weeks 	<ul style="list-style-type: none"> ➤ Progress balance activity to single leg dynamic activity and unstable surfaces at 12 weeks ➤ Cardiovascular training at 12 weeks (bike, swim and elliptical with physician approval) ➤ May begin CFA at 12 weeks (with physician approval) ➤ Complete agility and running activity with appropriate movement screen, manual strength test, and physician approval at 4-6 months
Goals	Goals
<ul style="list-style-type: none"> ➤ Normal ROM ➤ Normal gait all surfaces ➤ Lower extremity strength at least 4+/5 ➤ Good stability at the knee joint ➤ May complete exercise independently with intermittent follow up appointments when above criteria is met (Typically 10 to 12 weeks) 	<ul style="list-style-type: none"> ➤ 5/5 strength with manual testing ➤ Minimal deficits with functional movement screen testing ➤ Discharge with full return to work or sport activity