

Quad Tendon Repair Rehab Protocol

The surgeon must specify on the referral any specific recommendations or deviations outside this protocol.

Phase I	Phase II	Phase III	Phase IV
Week 0-6	Week 6-12	Week 12-16	Week 16+
<p>General Goals:</p> <ul style="list-style-type: none"> -Protect surgical repair -Gradually progress ROM 0-90° <p>General Precautions:</p> <ul style="list-style-type: none"> -No knee flexion for 1 week -No active knee ext <p>Brace:</p> <ul style="list-style-type: none"> -Locked in ext at 0° for ambulation <p>Weight Bearing:</p> <ul style="list-style-type: none"> -WBAT with brace locked at 0° <p>ROM:</p> <p>Week 2: Knee flexion up to 55° Week 3-6: Knee flexion up to 90°</p> <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Patellar mobilization -Quad sets -SLRs in brace locked at 0° -Ankle pumps -Active heel slides -Passive extension -Hip strength with brace on -Calf raises 	<p>General Goals:</p> <ul style="list-style-type: none"> -Normalize gait -AROM 0-120° -SLR without lag <p>Brace:</p> <ul style="list-style-type: none"> -Unlock brace 30-40° (or per surgeon preference) -D/C brace at week 12 as strength and motion allow <p>Gait:</p> <ul style="list-style-type: none"> -use crutches until quad control and full ext are achieved <p>ROM:</p> <p>Week 7-8: 0-115° Week 9-10: 0-130°</p> <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Continue patellar mobs -Bike without resistance for ROM -Initiate CKC knee strength (don't load knee flexion > 70°) -Progress hip, core and ankle strength -Proprioception -OKC extension 	<p>General Goals:</p> <ul style="list-style-type: none"> -Normalize gait -Community ambulation without brace -Single leg stance with good control for 10 seconds -Squat and lunge to 60° of knee flexion without weight shift -Full AROM <p>ROM:</p> <ul style="list-style-type: none"> -Full ROM <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Advance balance and proprioceptive activities -Initiate single-leg CKC strength (squat and lunge) -Core strength and stabilization -Quadriceps strengthening: SAQ, LAQ with gradual progression of resistance -Functional movement exercises -Stretching for maintenance of ROM -Stationary bike or stairmaster for cardiovascular exercise 	<p>General Goals:</p> <ul style="list-style-type: none"> -Return to functional activities and sports -Equal A/PROM <p>General Precautions:</p> <ul style="list-style-type: none"> -Avoid running with limp -Post activity soreness must resolve in 24 hours -Avoid post activity swelling <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Impact control exercises -Movement control exercises: progress low to high velocity and single to multi-plane activities -Sport/work related proprioceptive and balance drills -Hip and core strength -Sport/work specific demands <p>Criteria for Return to Sports:</p> <ul style="list-style-type: none"> -No competitive sports until cleared by surgeon -Full and painless AROM -No patellofemoral jt pain -MMT strength 90-100% contralat LE -≥ 85% to contralat LE for single leg hop test for distance, 6 meter timed hop test, triple jump cross over hop test and single leg squat test.