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Hip, Knee, Shoulder & Sports Medicine Surgery

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**QUADRICEPS TENDON REPAIR REHABILITATION PROTOCOL**

Phase	Restrictions	Therapeutic Exercises
Phase 1: Weeks 0-2 Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, protect the surgical repair, and avoid patellar tendon stress	-NO active range of motion -NO quadriceps strengthening -NO knee flexion while weight-bearing -Patient may weight-bear ONLY with the brace locked in extension	-Passive range of motion 0-60 degrees -Edema Control -Pain management -Please only remove Aquacel dressing if saturated or compromised -Modalities PRN
Phase 2: Weeks 2-6 Goals: Progress range of motion, minimize pain, retard muscle atrophy, protect the repair, and begin neuromuscular control	-NO active range of motion -Patient may weight-bear and ambulate ONLY with the brace in extension, or from 0-10 degrees for comfort -NO active knee extension	-Passive range of motion 0-60 degrees, increasing by 10 degrees per week until 90 degrees is achieved -Once 90 degrees is achieved, patient may perform active knee flexion 0-90 degrees, but no active knee extension -Continue with only passive knee extension -Begin isometric quadriceps activation -Core strengthening -Modalities PRN
Phase 3: Weeks 6-12 Goals: Full range of motion, minimal pain, begin muscular activation and strengthening, protect the repair	-Continue to weight-bear and ambulate in the brace unlocked from 0-45 degrees -NO resistance during range of motion -Avoid true strengthening exercises until 12 weeks	-Progress to full passive, active, and active assisted range of motion without resistance -Controlled straight leg raises -Begin gentle hip, and glute strengthening -Stationary bike with no resistance at 10 weeks
Phase 4: Weeks 12-18 Goals: Proper gait mechanics, improve lower extremity strength, neuromuscular control	-Discontinue brace use -No functional sports movements. Avoid pivoting, cutting, and jumping	-Weight-bearing and ambulating without the brace -Gait training -Begin active knee extension with limited resistance and progress as tolerated -Stationary biking with limited resistance -Gentle double leg strengthening (mini squats, lunges) -Aquatic Therapy (kicking, gait training)

<p>Phase 5: Weeks 18-24</p> <p>Goals: Improve lower extremity strength, begin functional movement training, proprioception improvement, eccentric control</p>	<p>-Progress gently to avoid trauma to the repair</p> <p>-Initiate jogging</p> <p>-Progression to higher level activities and sports specific activities</p>	<p>-Initiate deceleration and single leg hopping</p> <p>-Initiate cutting at week 20</p> <p>-Initiate agility at week 20 (floor ladder, cone drills), and sports specific activity</p> <p>Criteria for Discharge:</p> <ul style="list-style-type: none"> - <10% strength deficit in quads and gluteals - Limb similarity index of 90% or greater on functional hop and Y balance tests - 45/50 on biomechanical functional assessment tests (if performed) - No pain or complains of instability with functional progression of sports specific skills
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