

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	Phase V
Week 0-2	Week 2-6	Week 6-12	Week 12-16	Week 16-20
<p>General Goals: -Protect surgical repair</p> <p>General Precautions: -No active knee ext</p> <p>Brace: -Locked in ext at 0° for ambulation</p> <p>Weight Bearing: -NWB/TTWB (per surgeon) x6 weeks</p> <p>ROM: -0-30° PROM</p> <p>Clinical Implications: -Ankle pumps -Patellar mobilizations -Seated hamstring stretch -Seated gastroc towel stretch -Isometric activation quads, hamstring, gluteals -UBE for cardiovascular exercise -NMES as needed</p>	<p>General Goals: -Protect surgical repair -Progress gentle strengthening -Gradually progress ROM</p> <p>General Precautions: -No active knee ext</p> <p>Brace: -Locked in ext at 0° for ambulation</p> <p>Weight Bearing: -NWB/TTWB (per surgeon) x6 weeks</p> <p>ROM: -Progress ROM 15° per day (up to 90°)</p> <p>Clinical Implications: -Continue phase I exercises -Assisted SLR -Multi-planar SLR (ABD, ADD, Ext) -Heel slides</p>	<p>General Goals: -Normalize gait -Progress strengthening -Gradually progress ROM</p> <p>Brace: -Unlocked when seated -Unlocked for ambulation when demonstrating appropriate quad control -Discontinue when demonstrating appropriate quad control and as allowed per surgeon</p> <p>Weight Bearing: -Progress to WBAT -Discontinue crutches when demonstrating appropriate quad control and as allowed per surgeon</p> <p>ROM: -AROM, PROM, RROM as tolerated</p> <p>Clinical Implications: -Continue patellar mobs -SLR (unassisted) -Continue multi-planar SLR -Continue heel slides -Initiate weight shifts</p>	<p>General Goals: -Normalize gait -Single leg stance with good control for 10 seconds -Squat and lunge to 70° of knee flexion without weight shift -Full AROM -Return to impact activities</p> <p>General Precautions: -Avoid forceful contractions</p> <p>Weight Bearing: -FWB</p> <p>ROM: -Full ROM</p> <p>Clinical Implications: -Gait training/drills -Initiate balance and proprioceptive activities -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>	<p>General Goals: -Return to functional activities and sports</p> <p>General Precautions: -Avoid running with limp -Post activity soreness must resolve in 24 hours -Avoid post activity swelling</p> <p>Clinical Implications: -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> <p>Criteria for Return to Sports: -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.</p>