

## Patellar / Quad Tendon Repair Outpatient Protocol/Guidelines

**Surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol.**

Phase I (0-6 Weeks)	Phase II (Weeks 6-12)	Phase III (Weeks 12-16+)
<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>• No flexion for 1 week</li> <li>• WBAT with brace locked at 0°</li> </ul> <p style="text-align: center;"><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>• Patellar mobilization</li> </ul> <p style="text-align: center;"><b>PROM Week 2</b></p> <ul style="list-style-type: none"> <li>• Knee flexion up to 55° (or as directed by surgeon)</li> </ul> <p style="text-align: center;"><b>Week 3-6</b></p> <ul style="list-style-type: none"> <li>• Knee flexion 0-90° (or as directed by surgeon)</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• Quad sets</li> <li>• SLRs in knee immobilizer</li> <li>• Ankle pumps</li> <li>• Active heel slides</li> <li>• Passive extension</li> <li>• Hip strength with brace on</li> <li>• Calf raises</li> </ul> <p style="text-align: center;"><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>• ROM 0-90°</li> </ul>	<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>• Use crutches until quad control and full extension are achieved</li> <li>• Progress to full WB based on joint response</li> <li>• D/C brace for gait as strength and motion allow; Unlock brace 30-40°</li> </ul> <p style="text-align: center;"><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>• Patellar mobilization</li> </ul> <p style="text-align: center;"><b>PROM Week 7-8</b></p> <ul style="list-style-type: none"> <li>• Knee flexion 0-115° (or as directed by surgeon)</li> </ul> <p style="text-align: center;"><b>Week 9-10</b></p> <ul style="list-style-type: none"> <li>• Knee flexion 0-130° (or as directed by surgeon)</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• Bike for ROM</li> <li>• Initiate CKC knee strength ( Don't load knee flexion past 70°)</li> <li>• Progress hip, core, and ankle strength</li> <li>• Proprioception</li> <li>• OKC extension</li> </ul> <p style="text-align: center;"><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>• AROM 0-120°</li> <li>• SLR without lag</li> </ul>	<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>• Full WB</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• Progress cardio</li> <li>• Initiate single-leg CKC strength (squats, lunges)</li> <li>• Advance proprioception</li> </ul> <p style="text-align: center;"><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>• Full AROM</li> <li>• Community ambulation without brace</li> <li>• Symmetric single-leg squat ≤ 60°</li> </ul> <p style="text-align: center;"><b>Progress to Sports Phase after 16 weeks if the following are met:</b></p> <ul style="list-style-type: none"> <li>• Equal A/PROM</li> <li>• Jogging pain-free with symmetrical gait</li> <li>• Strength portion of LE functional test within 80% of uninvolved leg</li> </ul>

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### **REFERENCES**

West JL, Keene JS, Kaplan LD. Early motion after quadriceps and patellar tendon repairs: outcomes with single suture augmentation. *Am J Sports Med.* 2008 Feb;36(2):316-23. Epub 2007. Oct 11.

Lee Dennis, Stinner Daniel, Mir Hassan. 2013. "Quadriceps and patellar tendon ruptures." *The journal of knee surgery* 26 (5): 301-8. doi:10.1055/s-0033-1353989.