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Quadriceps/Patella Tendon Repair

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-6 PT 2-3x/week HEP daily	Edema and pain control Protect surgical repair Maintain full extension Limit quad inhibition ROM 0-60°	Brace locked in extension when not performing exercises (includes ambulation and sleep) PWB (50%) x4 weeks then advance to WBAT No active knee extension Avoid prolonged standing/walking Knee flexion progression: Weeks 0-2: 0-45° Weeks 2-4: 0-60° Weeks 4-6: 0-90°	Brace education CPM (MD directed) Seated A/AA knee flexion within limits Passive knee extension Quadriceps re-education & isometrics SLR brace locked in extension Scar mobilization Patella mobilization Gait training
Weeks 6-12 PT 2-3x/week HEP daily	ROM 0-125° No extensor lag Normalize gait Ascend 8" step	WBAT Brace locked ambulation & sleep Unlock 0-60° ambulation (week 8) No WB with flexion >90° Notify MD if knee flexion <90° by 8 weeks <110° by 10 weeks	Gait training with flexion stop at 60° once patient demonstrates good quad control A/AA knee flexion Pool ambulation (if wound OK) Patellar mobilizations Short crank → regular bike (flexion >110°) Leg press (bilateral 0-90°) Initiate forward step-up program Initiate squat program (wall slide) Proprioceptive exercises Retro-ambulation
Weeks 12-18 PT 2-3x/week HEP daily	Full ROM Descend 8" step Return to normal ADLs	WBAT DC brace Avoid aggravating activities Avoid reciprocal stair decent No running or sport Swimming OK at 12 weeks	Continue flexion ROM Incorporate quadriceps flexibility exercises Advance closed chain exercise Initiate step-down program Progress squat program Isokinetic/isotonic knee extension Advanced proprioceptive training Agility training Elliptical
Weeks 18-26 PT 1-2x/week HEP daily	No apprehension with sport specific movements Maximize strength Improve endurance Gradual return to activity	WBAT Avoid aggravating activities Return to sport (MD directed) Running/jumping at 20 weeks	Advance agility program/sport specific Plyometric program Forward running