

## Quadriceps or Patellar Tendon Repair

### Phase 1 – Motion and Mobility

#### Weeks 0-6:

- Patellar mobilizations, including quad & patellar tendon
- Add quad soft tissue mobility
- ROM: emphasize full extension, heel/wall slides for flexion
- Quad set: Week 0-2 (focus on superior patellar glide)
- SLR: No earlier than week 3, in brace; do not perform if extensor lag
- \*No Short Arc Quad/Long Arc Quad
- \*No bike
- ROM: 0-30° until wk 2, then progress ~10°/wk. Locked in extension during ambulation wks 0-6
- Brace: locked in extension (weeks 0-4); advance ~10°/wk per MD orders
- Weight-bearing: PWB wks 0-2; FWB wks 4-6. Brace locked in extension for ambulation weeks 0-6

### Phase 2 – Endurance

#### Weeks 7-12:

- Gradually initiate entry-level closed-chain activities (low reps)
- Progress from double leg -> single leg; from stable -> unstable surfaces
- Balance progression
- Bike for cardiovascular fitness
- ROM: Full ROM, progressing as tolerated
- Brace: 0-60° x 1 wk, 0-90° x 1 wk, fully unlocked beginning wk 9- If pt has good quad control
- Weight-bearing: FWB

### Phase 3 – Strength

#### Weeks 13-20:

- Increase sets/duration of closed-chain strengthening in varied proprioceptive environments
- Progress unilateral strength
- \*No loaded deep knee flexion for 4-6 months
- Begin LAQ at 4 months at earliest

**LUCAS G. TESKE, M.D.**

141 Hillcrest Drive | Clarksville, TN 37043 | Phone: 931.552.4340 | Fax : 931.552.0999

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## **Phase 4 – Agility, Power, Return to Sport**

- Sport-specific movement patterns practiced in supervised and controlled environment
- Sport Cord test at 6 months (if appropriate)
- Graded re-integration into sport activities with MD and PT clearance

## **Return to Activities**

Running	4-5 months
Golf	Short irons at 4 mos, full swing w/long irons at 5 mos. Delay 4-6 wks if lead leg
Pivoting/cutting sport	When functional criteria are met and cleared by surgeon, typically 7+ months at the earliest

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