

Quad Tendon Repair Protocol

- A. 0-4 weeks post-op
 1. Gait: WBAT, using 2 crutches and knee immobilizer or locked IROM
 2. Brace: IROM locked at 0°, worn at night and when up and busy
 3. ROM restrictions: 0-90°
 4. Frequent cryotherapy and modalities as indicated
 5. Exercise
 - a. ROM work within guidelines. A-AA flexion, passive extension format
 - b. Gentle Q-sets
 - c. Patellar Mobs, Scar massage
 - d. Ankle pumps, seated gastroc and HS stretches

- B. 4-6 weeks p/o
 1. Gait: Continue use of IROM, wean from AD pending quad control criteria
 2. Brace: Open 10° less than active flexion measurement. Nocturnal and when up and busy
 3. ROM restrictions: Progressive now, Goal is to have full ROM by 6 weeks p/o. May use gentle PROM techniques
 4. Continues cryotherapy and modalities as indicated
 5. Exercise
 - a. ROM within guidelines
 - b. Light duty OKC, CKC exercise
 - c. Light duty balance/proprioceptive work
 - d. Progressive hip/core work
 - e. Progressive non-impact cardio

- C. 6 weeks p/o
 1. Gait: Wean AD per standard criteria ROM:
 2. Brace: DC when good quad control
 3. ROM restrictions: Full ROM work
 4. Continues cryotherapy and modalities as indicated
 5. Exercise
 - a. Progressive OKC, CKC work
 - b. Progressive Balance/proprioceptive work
 - c. Progressive hip/core work
 - d. Progressive non-impact cardio work

- D. 12 weeks p/o
 1. Interval jog to run programs
 2. Light but progressive agilities
 3. Light but progressive plyometrics and jump to hop drills
 4. Continue all progressive strength and cardio work