

## **QUAD TENDON REPAIR PHYSICAL THERAPY PRESCRIPTION**

Diagnosis: S/p Left / Right knee quadriceps tendon repair

Date of surgery: \_\_\_\_\_

### **PHASE I (0 to 2 WEEKS):**

#### **GOALS:**

Pain control

Decrease swelling

#### **EXERCISES/RESTRICTIONS:**

Weight bearing as tolerated with brace locked in extension for sleeping and all activities

Ice / Massage / Anti-Inflammatory / Modalities

Range of Motion

0 degrees at all times

NO ACTIVE EXTENSION, ONLY PASSIVE EXTENSION

Patellar mobility

Straight leg raise only with brace on

Quad isometrics

Calf pumps

### **PHASE II (2 to 8 WEEKS):**

#### **GOALS:**

Bone healing

Decreased swelling, pain control

Slow progression of ROM

#### **EXERCISES/RESTRICTIONS:**

Weight bearing as tolerated only with brace on and locked in extension.

Wear brace while sleeping until week 4, then can remove brace for sleeping at 4 weeks post-op

Ice / Massage / Anti-Inflammatory / Modalities

<u>Weeks</u>	<u>Brace</u>	<u>ROM</u>
1-2	Locked in extension during day and night, set 0	0
3-4	Locked in extension during day and night, set 0-30	0-30, progress slowly
5-6	Locked in extension during day, off at night, set 0-45	0-45, progress slowly
7-8	Locked in extension during day, off at night, set 0-60	0-60, progress slowly

NO ACTIVE EXTENSION, ONLY PASSIVE EXTENSION

Patellar mobility

Straight leg raise only with brace on

Quad isometrics

Calf pumps

### **PHASE III (8 to 12 WEEKS):**

**GOALS:**

Tendon healing  
Patellar mobilization  
Gentle knee ROM and progressive strengthening

**EXERCISES/RESTRICTIONS:**

Weight bearing as tolerated, brace removed  
Range of motion: full  
Progress closed chain activities  
Begin hamstring work, lunges/leg press 0-90°  
Proprioception exercises  
Balance/core/hip/glutes  
Begin stationary bike when able

**PHASE IV (12 to 20 WEEKS):****GOALS:**

Return to regular activities

**EXERCISES/RESTRICTIONS:**

Progress Phase III exercises and functional activities  
Single leg balance  
Core  
Glutes  
Eccentric hamstrings  
Elliptical, and bike, swimming okay at 12 weeks  
Advance to sport-specific drills and running/jumping after 20 weeks once cleared by MD

Evaluate and treat per therapist plan.

Please follow the protocol as directed and call the office with questions or renewals.

**\*\*Please send progress notes.**

NAME OF PATIENT: \_\_\_\_\_

**Treatment:** \_\_\_\_\_ times per week      **Duration:** \_\_\_\_\_ weeks      \_\_\_\_\_ Home Program

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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