



Quad Tendon Repair  
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	<b>WEIGHT BEARING</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>Phase 1: 0-3 weeks</b>	NWB in brace locked in full extension  Crutches.	0°	ankle pumps, quad sets, Glute sets, Ankle PRE's, calf towel stretch  NMES to quads as needed
<b>Phase 2: 3-6 weeks</b>  <b>2-3x/week</b>	WBAT in brace locked in full extension  Crutches as needed	0°-30°  At rest, brace can be opened to match knee ROM (<30°)	Continue phase I exs.  SLR's x4 way with brace locked; If GOOD quad control, can perform SLR's with brace unlocked (no weight).  Heel slides; Supine TKE's vs resistance band  Soft Tissue Mobilization, Patellar mobilizations
<b>Phase 3: 6-8 weeks</b>  <b>2-3x/week</b>	WBAT in brace that is opened to match the knee's available ROM(<90°), if safe  1-2 Crutches as needed	Progress per MD orders	Continue phase I/II exs and modalities  Standing Calf raises; Standing hip exs.; Hamstring work; gait training; Standing TKE's vs resistance.
<b>Phase 4: 8-12 weeks</b>  <b>2x/week</b>	FWB in open brace	Progress per MD orders	Increased closed-chain quad activities No Weight-Bearing flexion > 90° Shuttle, mini-squats, TKE's Balance exercises
<b>Phase 5: 12-24 weeks</b>  <b>1x/week</b>	Full, No brace	Full	Begin bike when ROM allows; Do not force motion 4 inch step ups forward, lateral Lateral and retro-walking Progress Balance/Proprioception Progress Closed chain activities Increase dynamic loads Advance stairs, step ups, step downs

MD post op appts: 2 weeks, 6 weeks, 12 weeks, 5 months.  
 Please send PT progress notes prior to each of these MD appts.  
 This protocol is not a substitute for clinical decision making of the health care professional.  
 Please see PT referral for any specific post op instructions.  
 Be mindful of factors of : Medical co-morbidities, BMI, diabetes, age, ultimate goals/activity level