

## Physical Therapy Prescription Quadriceps Tendon Repair

**Patient Name:**

**Today's Date:**

**Surgery Date:**

**Diagnosis: s/p ( LEFT / RIGHT ) Quadriceps Tendon Repair**

Post operative weeks 1-6: HEP including SLR with brace in full extension  
TTWB with brace locked in extension.

### Week 6

- Supervised PT – 1-3 times a week (may need to adjust based on insurance)
- Gentle patellar mobilization exercises
- Perform scar massage aggressively
- Emphasis full passive extension
- AAROM exercises (4-5x/ day) – no limits on ROM
- Flexion exercises PROM, AAROM, and AROM with brace off
- Stationary bike for range of motion (short crank or high seat, no resistance)
- Hamstring and calf stretching / mobilization
- Mini-squats (0-45) and heel raises
- Hip strengthening – specifically external rotators and abductors
- Eccentric single leg press (0 – 60 degrees)
- Unlock brace (0-40) for ambulation when good quad control
- Progressive SLR program with weights for quad strength with brace off if no extensor lag (otherwise keep brace on and locked)
- Thera-band standing terminal knee extension
- Proprioceptive training single leg stance with hand assist close by
- Hamstring PReS, closed chain and open chain
- Single leg balance on Air-ex or wobble board. Must have good quad control
- 4 inch step ups
- Add water exercises if desired (and all incisions are closed and sutures out)
- Soft tissue mobilization of quads and hip flexor

### Week 7

- Continue all exercises
- Open brace to 0-70 for ambulation if quad control adequate
- Continue ROM stretching and overpressure into extension
- Initiate retro treadmill with 3% incline (for quad control)
- Wall and/or ball squats in full arc (not past 90 degrees)
- 6 inch front step-ups
- 4 inch step downs
- SLR's – in all planes with weight  
Goal: 0 to 115 degrees
- Core and pelvic stability program

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### Week 8

- Continue above exercises
- Self ROM 4-5x/day using other leg to provide ROM
- Regular stationary bike if Flexion > 115
- 8 inch step ups
- 4 inch step downs
- Single leg proprioceptive training with perturbations
- Lateral resistance in CKC with therabands
- Retro treadmill progressive inclines
- Sportcord (bungee) walking
- Increase resistance on stationary bike
- May begin scar tissue mobilization with tools (Graston, ASTYM, and/or cupping)

### Week 9

- Continue above exercises
- Stair master machine
- Brisk walking
- Progress balance and board throws
- 6 inch step downs

### Week 10

- Bike outdoors, level surfaces only. No clip-in pedals
- Start slide board
- Plyometric leg press on Shuttle or Total Gym
- 8 inch step downs

### Week 11

- Should have close to normal ROM
- Begin resistance for open chain knee extension, eccentrics only
- Jump down's (double stance landing)
- Progress to running program and light sport specific drills if:

Quad strength > 75% contralateral side  
Active ROM 0 to >125 degrees  
Functional hop test >70% contralateral side  
Swelling < 1cm at joint line  
No pain  
Demonstrates good control on jump down



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## **Physical Therapy Prescription Quadriceps Tendon Repair**

### Week 12-22

- If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:  
Progress to home program for running. Start backward jogging, figure of 8, zigzags and lateral shuffles. Progress to hops, jumps, cuts and sports specific drills. Begin to wean from supervised therapy.
- Progress core and hip stability program to multi-planar movements. Core plyometrics okay.
- Assess posture and functional movement patterns. Corrective exercise as needed.
- Soft tissue mobilization with Graston, ASTYM and/or cupping for scar mobilization
- Plyometrics to begin 4.5 months post op
- Olympic lifting and triple extension exercises to begin 4.5 months post op
  
- Criteria to return to sports  
Full Active ROM  
Quadriceps and hip external rotators strength >90% contralateral side  
Satisfactory clinical exam  
Functional 3 hop test > 90% contralateral side  
Completion of running program

**Frequency & Duration:** (circle one) 1-2 2-3 x/week for \_\_\_\_ weeks Home Program

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**