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## **Rehabilitation Guideline for Quadricep Tendon Repair Patient Education**

### **General Anesthesia**

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult **MUST** stay with you for the rest of the day and also during the night

### **Wound Care**

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.

### **Pain and Swelling**

- Ice your knee as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

### **Driving**

- Driving may resume once you are no longer taking narcotic medications.
- If you had surgery performed on the left knee, once you have stopped taking the narcotic medication, you may begin to drive. If surgery was performed on the right knee, you may drive once you are no longer taking narcotic medication, can ambulate without crutches, and you are confident you can push the brake pedal quickly if necessary. This is generally around 1-2 weeks after surgery.

### **Rehabilitation**

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

### **CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR**

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

**Phase I (surgery to 2 weeks post op)**

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

Appointments	<ul style="list-style-type: none"> <li>• Appointment with physician office 2 weeks post op</li> <li>• Appointment with physical therapy 3 weeks post op</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Compliance with precautions</li> <li>• Allow proper healing of surgical site</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Toe touch weight bearing at all times</li> <li>• Brace locked into extension at all times</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>• None</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Ankle pumps</li> <li>• Isometric quad sets</li> <li>• Hamstring and glute sets</li> <li>• Patellar mobilizations</li> </ul>
Cardiovascular exercises	<ul style="list-style-type: none"> <li>• No lower body</li> <li>• Upper body circuit</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• 2+ weeks post op</li> </ul>

**Phase II ( 2 - 6 weeks after surgery)**

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

Appointments	<ul style="list-style-type: none"> <li>• Appointment with physicians office 6 weeks post op</li> <li>• Appointments with physical therapy at their discretion</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• WBAT with gradual progression</li> <li>• Protect the surgical repair</li> <li>• Brace locked in extension</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Brace locked in extension for walking</li> <li>• CPM 4-6 hours/day: <ul style="list-style-type: none"> <li>○ Wk 3: 0-45</li> <li>○ Wk 4: 0-60</li> <li>○ Wk 6: 0-90</li> </ul> </li> <li>• Submaximal quad isometrics (25%)</li> <li>• No SLR</li> <li>• No active knee extension</li> <li>• No stairs</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>• No flexion past 90 degrees</li> <li>• No active knee extension</li> <li>• Week 3-6 : 0-90 degrees without active quad extension</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Heel slides</li> <li>• Knee extension ROM with foot resting on towel roll</li> <li>• 4 way leg lifts with brace on</li> <li>• Weight shifts with brace on</li> <li>• Gentle patellar mobs</li> </ul>
Cardiovascular	<ul style="list-style-type: none"> <li>• Upper body bike</li> </ul>

Exercise	
Progression Criteria	<ul style="list-style-type: none"> <li>● 6+ weeks post op <ul style="list-style-type: none"> <li>○ ROM 0-90 degrees ; avoid knee hyperextension</li> </ul> </li> </ul>

**Phase III (6 - 12 weeks after surgery)**

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

Appointments	<ul style="list-style-type: none"> <li>● Appointments with the physician's office 6 and 12 weeks post op</li> <li>● Appointments with physical therapy at their discretion</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Advance to Full WB</li> <li>● Discontinue crutches with normal gait</li> <li>● Progressive walking on level surfaces</li> <li>● Discontinue brace once full strength restored</li> <li>● Initiate active quad control in WB</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Avoid FWB on stairs</li> <li>● Limit open chain and closed chain knee extension arc to 0-30 degrees</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>● Brace unlocked to 0-90 degrees</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>● Progressive active and gradual passive knee flexion</li> <li>● Stretch all uninvolved muscle groups</li> <li>● Quad sets</li> <li>● Progressive SLR</li> <li>● Wall slides to 45 degrees</li> <li>● Partial Squats once FWB</li> </ul> <p>AROM for open chain knee flexion and extension  Closed chain quad control from 0-40 degrees ; light squats and leg press  Stationary bike  Patellar mobs  Open chain hip strengthening  Core strengthening</p>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Upper body bike</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● 12+ weeks post op <ul style="list-style-type: none"> <li>○ Normal gait without crutches</li> <li>○ Active knee ROM 0-110 degrees</li> </ul> </li> </ul>

**Phase IV ( 12 - 16 weeks after surgery)**

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

Appointments	<ul style="list-style-type: none"> <li>● Appointments with the physician's office 12 and 16 weeks post op</li> <li>● Appointments with physical therapy at their discretion</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Full WB</li> <li>● Normalize gait on all surfaces without brace</li> <li>● SL stand with control for 10+ seconds</li> <li>● Squat to 70 degrees of flexion</li> <li>● Use neoprene support as needed</li> <li>● Walking on level surfaces and inclines</li> </ul>

Precautions	<ul style="list-style-type: none"> <li>● Avoid jumping and impact movements</li> <li>● Step up stairs gradually</li> <li>● Avoid muscle compensations</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>● Full ROM</li> <li>● Stretch all muscle groups</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>● Step up-down progression</li> <li>● Cautious use of weight training machines</li> <li>● Non-impact balance and proprioceptive exercises</li> <li>● Gait drills</li> <li>● Hip and core strengthening</li> <li>● Stretching for any imbalances</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Walking on treadmill - can progress through inclines</li> <li>● Stationary bike</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● 16+ weeks post op <ul style="list-style-type: none"> <li>○ Dynamic neuromuscular control with multi-plane movements, without pain, instability, or swelling</li> </ul> </li> </ul>

**Phase V ( 16 - 20 weeks after surgery)**

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

Appointments	<ul style="list-style-type: none"> <li>● Appointments with the physician's office 16 and 20 weeks post op</li> <li>● Appointments with physical therapy at their discretion</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Full WB</li> <li>● Full control and no pain with sport and work specific movements</li> <li>● Neoprene supports as needed</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Step down stairs gradually</li> <li>● Avoid post activity soreness for more than 24 hours</li> <li>● Avoid swelling</li> <li>● Avoid running with gait deficiencies</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>● Full ROM</li> <li>● Stretch all muscle groups</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>● Progressive strengthening</li> <li>● Avoid overload</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Walk to jog progression</li> <li>● Begin running program</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● 20+ weeks post op</li> </ul>

**Phase VI ( 20 - 26 weeks after surgery)**

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

Appointments	<ul style="list-style-type: none"> <li>● Appointments with the physician's office 20 and 26 weeks post op</li> <li>● Appointments with physical therapy at their discretion</li> </ul>
Rehabilitation	<ul style="list-style-type: none"> <li>● Full control and no pain with sport and work specific movements, impact</li> </ul>

Goals	movements
Precautions	<ul style="list-style-type: none"> <li>● Post activity soreness resolving within 24 hours</li> <li>● Avoid swelling</li> <li>● No compensations with movements or running</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>● Full ROM</li> <li>● Stretch for any muscle imbalances</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>● Progressive strengthening</li> <li>● Avoid overload</li> <li>● Impact control exercises beginning 2 ft to 2 ft <ul style="list-style-type: none"> <li>○ Progress to 1 ft to other ft</li> <li>○ Same foot to same foot</li> </ul> </li> <li>● Movement control exercise beginning with low velocity, single plane with progression to multi-plane, higher velocity movements</li> <li>● Sport/work specific balance and proprioceptive exercises</li> <li>● Hip and core strengthening where needed</li> <li>● Stretching for any imbalances</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Progressive run/ agility</li> <li>● Jump training after 24 weeks</li> </ul>
Return to Sport/ Work Criteria	<ul style="list-style-type: none"> <li>● Proceed with caution</li> <li>● Clearance from orthopedic surgeon and physical therapy</li> </ul>

**Comments:**

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**Questions: contact our office at 903-729-3214 Opt. 0**

**\*\*Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.\*\***