EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

2120 Idaho St | Elko, NV 89801
(775) 235-8566 | Fax 775-360-3602
OrthoElko.com

POST-OPERATIVE REHABILITATION PROTOCOL

Modified V-Y Quadricepsplasty

Dr. Edwards' surgeon-specific postoperative motion and extensor-protection plan

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE This protocol is intentionally procedure-specific. Do not substitute a standard quadriceps-tendon or knee-motion protocol.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-2 weeks	Brace and weight bearing per discharge order	Protect the reconstruction; no unapproved active extension
2-4 weeks	Brace locked in extension	No active extension; active flexion and passive extension; ROM 0-30
4-6 weeks	Brace locked in extension	No active extension; active flexion and passive extension; ROM 0-60
6-12+ weeks	Brace for gait until extension lag under 15 degrees	Begin gentle straight-leg raise; advance ROM then strength

PHASE-BY-PHASE PLAN

Phase 1 | Immediate protection (0-2 weeks)

- **Priorities:** Protect the reconstruction and control pain/swelling.
- **Protection:** Follow the discharge order for brace, weight bearing, wound care, and permitted exercises. Do not perform active knee extension unless specifically authorized.

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- **Therapy focus:** Ankle pumps, elevation, hip/ankle activity, and knee motion only as written by Dr. Edwards.

Phase 2 | Protected motion (2-4 weeks)

- **Priorities:** Maintain full passive extension and begin controlled active flexion.
- **Protection:** No active knee extension. Brace locked in extension. ROM 0-30 degrees.
- **Therapy focus:** Passive knee extension, active knee flexion within 0-30 degrees, patellar/soft-tissue work if cleared, and non-knee strengthening that does not stress the repair.

Phase 3 | Continued protected motion (4-6 weeks)

- **Priorities:** Increase flexion while continuing to protect the extensor mechanism.
- **Protection:** No active knee extension. Brace locked in extension. ROM 0-60 degrees.
- **Therapy focus:** Passive extension and active flexion within 0-60 degrees; continue swelling control and safe gait/transfer training.

Phase 4 | Active control and strength (6-12+ weeks)

- **Priorities:** Restore active extension, flexion, ROM, and strength in stages.
- **Protection:** Begin gentle active straight-leg raises. Keep the brace locked in extension for ambulation until extension lag is less than 15 degrees.
- **Therapy focus:** Advance ROM as tolerated from week 6. At 12+ weeks, continue ROM and progressive strengthening; discontinue brace and advance weight bearing as tolerated only when Dr. Edwards clears.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.