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

Patellar Tendon / Quadriceps Tendon Repair

Locked-brace protection with staged flexion and delayed active knee extension

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 Tissue quality, augmentation, chronicity, and repair tension may require slower ROM or loading. Follow the operative order if it differs.

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	WBAT with brace locked at all times	No active knee extension; ROM only as prescribed
2-6 weeks	Brace locked for walking and sleep	Passive/assisted ROM up to 90 degrees; no active extension
6-12 weeks	Gradually unlock for gait	Begin active extension and shallow closed-chain work
4-9+ months	Impact and sport delayed	Criterion-based running, plyometrics, and return

PHASE-BY-PHASE PLAN

Phase 1 | Maximum protection (0-2 weeks)

- **Priorities:** Protect the tendon repair; control swelling; maintain hip, ankle, and patellar mobility.
- **Protection:** Weight bearing as tolerated with brace locked in full extension. Wear the brace for walking, standing, and sleep. No active knee extension.
- **Therapy focus:** Ankle pumps, quad/hamstring/glute sets as allowed, gentle patellar mobility, hip/core work, and ROM only within the written surgical limit.

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

Phase 2 | Protected flexion (2-6 weeks)

- **Priorities:** Normalize protected gait and reach approximately 0-90 degrees without stressing the repair.
- **Protection:** Continue brace locked for weight bearing. No active open-chain knee extension and no unbraced straight-leg raise unless specifically cleared.
- **Therapy focus:** Heel slides/passive flexion, extension positioning, four-way hip strength with brace locked, weight shifts, and patellar mobility.
- **Therapy focus:** Advance flexion gradually; do not force motion.

Phase 3 | Active control (6-12 weeks)

- **Priorities:** Normalize gait; begin active quadriceps control; progress ROM toward full.
- **Protection:** Unlock brace to approximately 30-40 degrees for gait only with good control. Avoid weight-bearing knee flexion beyond 70 degrees until 12 weeks.
- **Therapy focus:** Begin active knee flexion/extension, stationary bike, light squat/leg press 0-40 degrees progressing to 70 degrees, shallow lunges, hip/core strength, and balance.

Phase 4 | Strength and return (12 weeks-9+ months)

- **Priorities:** Restore full ROM, eccentric strength, power, and activity-specific control.
- **Protection:** Avoid forceful eccentric quadriceps work and impact until at least 4 months and until strength/control criteria are met.
- **Therapy focus:** Progress single-leg strength, then graded running around 4-5+ months, plyometrics, agility, and sport/work drills.
- **Therapy focus:** Return requires no pain/effusion, full ROM, strong controlled squat/landing mechanics, at least 90% objective strength for sport, and clearance.

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.