

Patellar/Quad Tendon Repair Post-operative Rehab Protocol

General Rehab Guidelines and Principles

Rehab exercises are essential to full recovery from your knee injury and subsequent surgical procedure. Following the guidelines and principles described below will minimize your recovery time and maximize return to full activity.

Expected Recovery

- Anticipate approximately 24 to 36 post-operative physical therapy appointments (three times a week for the first month, two times a week for second month, one to two times a week thereafter)
- Walking without crutches by approximately two weeks after surgery
- Back to desk type work/school within one week following surgery
- Manage stairs normally by approximately six weeks after surgery
- Begin running approximately 12 to 16 weeks after surgery (may be longer for some patients)
- Progress back to sports five to six months after surgery if you have met all goals

Wound Care/Early Post-operative Period

- You will have some form of dressing placed on your knee after surgery. Blood-tinged drainage may seep through dressings. You may reinforce with additional wrap and add 4x4 sterile gauze pads under the wrap for the first 48 hours after surgery.
- **After 48 hours, you may remove the bulky outer dressing, but you must leave the white steri-strips (these look like tape on your skin) in place.**
- You may bathe by wrapping your knee with plastic wrap or a clean, large garbage bag. Keep the extremity dry. If the steri-strips become wet, blot them dry.
- After showering, replace dressing with gauze pads and reapply ACE wrap as needed.
- You will experience pain after surgery. Therefore, do not hesitate to use the pain medications prescribed to you by Dr. Lavery. If pain is out of proportion to that which is normally expected, or you experience increased swelling or increased discomfort when moving your ankle or toes, please contact our office.
- To minimize pain and speed recovery, swelling must be minimized. It is not uncommon to have a moderate increase in swelling and pain two to five days after surgery. Keep the extremity elevated at or above heart level for 24 to 48 hours after surgery. Please call if the pain and swelling are progressively increasing.
- An ice bag (or CryoCuff, if provided) applied to the knee for 20 minutes every hour is an excellent way to control pain and swelling. If you were given a CryoCuff, use it at all times for at least four days, as instructed. If you remove the CryoCuff, before re-applying, always fully deflate it. Then re-apply straps with firm pressure. Re-inflate with cooled water, jug elevated approximately 20 inches above knee. Re-cool water every hour while awake. **Remove the CryoCuff at night.**
- It is not uncommon to have mild temperature elevations after surgery, due to incomplete lung expansion. To resolve this, take ten deep breaths and forcefully exhale every hour while awake for the first three days after surgery. You may take Tylenol to improve comfort during these temperature elevations. If your temperature is greater than 102° or if you have a progressive increase in swelling, pain or redness, contact the office.

- You may drive an automatic transmission vehicle when you have minimal pain, you have full control of the extremity **and** are off narcotic pain medication. If you had surgery on your right lower extremity, you should get clearance from Dr. Lavery prior to driving an automobile.

Immediate Post-operative Goals (within two weeks)

- Active control of quadriceps muscle
- Swelling controlled
- Immobilization in full extension until return to clinic
- Toe touch weight bearing

Weeks 2 to 6

- Begin knee range of motion from 0 to 45°
- Advance range of motion 30° per week
- Active knee flexion and passive extension
- May begin active knee extension at four weeks
- Begin weight bearing as tolerated (progress slowly after two weeks); brace should be locked in extension for ambulation

Week 6 and Beyond

- Initiate isokinetic strengthening program
- Slowly progress resisted exercises as patient demonstrates pain-free isometric quad function as well as good quad control during ambulation