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Sports Injury and Joint Replacement Surgery for the Hip and Knee

QUADRICEPS TENDON REPAIR POST-OPERATIVE REHABILITATION PROTOCOL

Phase I: Weeks 0 - 4

- Hinged knee brace locked in extension at all times (may remove for hygiene purposes)
- Protected weight bearing with crutches for first 2 weeks, then
- Quadriceps isometric sets in full extension
- Hip abduction straight leg raises
- Ankle ROM and gastoc-soleus strengthening with tubing/ therabands

Phase II: Weeks 4 - 8

- Continue hinged brace locked in extension for ambulation, may remove/unlock for therapy
- Begin passive knee extension; active knee flexion to 45°, to 60° @ week 6, then to 90° @ week 8
- Continue previous exercises
- Patella mobilization
- Isometric straight leg raises with brace locked in extension
- Isometric hamstring strengthening

Phase V: Months 5 - 6

Begin elliptical trainer

May start light jogging

Maintain full knee range of motion

Proprioception and balancing exercises

- Continue previous exercises
- Advance cycling, jogging
- Progressive strengthening, plyometric and agility training

Full active knee ROMBegin progressive resistive exercises, avoid open chain and terminal resisted knee extension

Add sport specific training

Phase VI: Months 6+

- Resume normal sporting/jumping/cutting activities when leg strength >80% contralateral leg
- Maintain strength, agility and proprioception

Phase III: Weeks 8 - 12

- May start to unlock brace with ambulation; begin with flexion locked @ 45°, then advance 10°/week as quadriceps control increases
- Continue previous exercises
- Begin AAROM knee extension and advance to AROM knee extension
- Advance active knee flexion to 120°, and then advance as tolerated
- Stationary bicycle, start with no resistance and low knee flexion angle, and then may slowly advance
- At week 10, may begin treadmill walking program

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Phase IV: Weeks 12 - 16

- Ambulation with brace fully unlocked, then wean out of brace as tolerated
- Continue previous exercises

Ask Dr Awwad to clarify your restrictions prior to surgery to avoid disappointment.

