

PATELLAR TENDON REPAIR OR QUAD TENDON REPAIR OR PATELLAR FRACTURE OPEN REDUCTION INTERNAL FIXATION (ORIF) Post-Operative Protocol

Phase I - Maximum Protection

Weeks 0-6

- Brace locked in full extension for 6 weeks for all weight bearing
- Partial weight bearing (50%) with use of bilateral axillary crutches progressing to weight bearing as tolerated
 - PWB for weeks 0-2
 - Progress to WBAT for weeks 2-6
- Initiate isometric quadriceps muscle activation
- Initiate and progress range of motion
 - Patellar Tendon Repair/Quad Tendon Repair:
 - 0-2 weeks: 0-30 degrees
 - 2- 4 weeks: 0-60 degrees
 - 4-6 weeks: 0-90 degrees

Patellar Fracture ORIF:

- 0-2 weeks: No range of motion
- 2-4 weeks: 0-30 degrees
- 4-6 weeks: 0-60 degrees

<u>Goals</u>

- Reduce inflammation and pain
- Protect surgical repair
- Maintain full knee extension range of motion
- Maintain strength and motion of non-operative joints
- Gradually progress knee range of motion
- Quadricep activation

Exercise progression

- Passive/active knee range of motion per protocol
- Quad sets, hamstrings sets, glute sets
- Multi-plane straight leg raises at 2 weeks (no extensor lag)
- Ankle and foot range of motion
- Patellofemoral mobilizations
- Gait training
- o Elevation and cryotherapy to assist with swelling reduction

Phase II- Progressive Stretching and Early Strengthening

Weeks 6 to 8:

- Brace unlocked for 2 weeks, transition out of brace at 8 weeks
- Full weight bearing
- Progress range of motion

Patellar Tendon Repair/Quad Tendon Repair:

6+ weeks: progress to full

Patellar Fracture ORIF:

6-8 weeks: 0-90 degrees

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Orthopaedics and Sports Medicine-Stratford

1901 Mooney St. Winston-Salem, NC 27103 Phone: 336-716-8091 Fax: 336-903-7841 Orthopaedics – West Park 1917 West Park Dr. N. Wilkesboro, NC 28659 Phone: 336-903-7845 Fax: 336-713-3244 Medical Plaza Miller 131 Miller St. Winston-Salem, NC 27103 Phone: 336-716-8200 Fax: 336-716-9841

- 8+ weeks: progress to full
- Initiate closed chain strengthening in double limb progressing to single limb
- Initiate balance and proprioception exercises

<u>Goals</u>

- $\circ \quad \text{Reduce inflammation and pain} \\$
- Protect surgical repair
- Full knee extension/hyperextension
- Progress knee flexion range of motion
- o Maintain strength of non-operative joints
- Normalizing gait pattern

Exercise progression

- Initiate bike at 6 weeks
- o Patellofemoral mobilizations
- Maintain squat depth at 90 degrees or above
- o Step up progression
- o Gait training
- Elevation and cryotherapy to assist with swelling reduction

Phase III- Progressive Strengthening

Weeks 8 to 16:

- Discontinue brace
- Progress to full range of motion
- Advance strengthening exercises
- Balance and proprioceptive exercises
- <u>Goals</u>
 - $\circ \quad \mbox{Reduce inflammation and pain} \\$
 - o Protect surgical repair
 - $\circ \quad \ \ \, \text{Full knee range of motion}$
 - $\circ \quad \text{Normal gait pattern} \\$
 - Exercise progression
 - $\circ \quad \text{Gait training} \quad$
 - Gym strengthening progression
 - Initiate elliptical at 8 weeks
 - Lunge progression at 12 weeks (retro, walk, split)
 - \circ ~ Able to progress >90 degrees with loaded flexion at 12 weeks

Phase IV- Plyometric Training and Running Progression

Weeks 16 to 20:

- Administer Preliminary functional test at 16 weeks for MD to review
- Initiate straight line jogging at 16 weeks if proper biomechanics are demonstrated and symmetry on functional test
- Advance strengthening program
- Initiate plyometric training progressing from double leg to single leg activities Goals
 - o No swelling
 - Full range of motion
 - Normal gait pattern
 - Symmetrical strength and power

Exercise progression

- Proprioception drills
- Basic ladder series
- Linear jogging progression
- Basic plyometric box progression

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• Gym strengthening progression

Phase V- Return to Sport

Weeks 20 to 24 weeks:

- Progress plyometric training to multi-plane, change of direction, and deceleration
- Advance strengthening program
- Administer Return To Sport functional test prior to 6 month follow up appointment with MD for physician to review

Goals

- o No swelling
- Full range of motion
- Normal gait pattern
- Symmetrical strength and power

Exercise progression

- o Advanced ladder series
- Change of direction with running and jumping
- Sport specific field/court drills
- Gym strengthening progression

Criteria to be released for return to sport

- Follow-up examination with the physician
- Pass Return To Sport functional test at >90% (involved vs. uninvolved limb)
- Display symmetry and confidence in high-speed cutting, multi-plane plyometric drills, sprinting and decelerating

Anticipated return to sport:

• 5-6 months for contact and non-contact athletes

Revised ***