



Quad Tendon Repair

Discharge Instructions

Comfort

- Discomfort increases 2-3 days after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
 - You may use it 20 minutes on, 20 minutes off, as often as you wish.
 - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for the two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible. It is very common to use the pain medication at night to help sleep better.

Activity

- Full weight bearing with the leg brace locked in extension.
 - Crutches or a rolling walker may be used for balance as needed.
- The brace is worn for 4-6 weeks to allow the repair to heal without undue tension from the quadriceps muscle.
 - It should be worn at night until otherwise directed.
- We recommend ankle pumps and circles when seated/laying for any period of time to help lower extremity circulation.
 - Do not sit for more than 30-45 minutes at one time.
 - You may unlock the brace to sit, but lock it in extension before rising to stand.
- Driving – We want you to be safe and comfortable when you return to driving—this is a sliding scale depending on your progress.
 - If your procedure was on the right side, we typically see you fit to drive in 8 weeks.
 - If your procedure was on the left side, you may resume driving an automatic transmission when you are no longer taking the narcotic pain medication.

Wound Care

- Your incision is covered by a rectangular waterproof bandage. Leave this in place until your first appointment with us in the office.
 - **You may shower with the bandage in place**, though avoid soaking in a bath or pool.
- Please watch for drainage on the white portion of the bandage.
 - **If more than 25% of the bandage is covered by drainage, please call our office.**
 - Do not remove the bandage.
 - It was applied under sterile conditions in the OR and we do not want bacteria near the incision.
- It is OK to remove the ACE wrap and the cotton dressing if they feel too tight or to apply ice more directly to the knee. It is a good idea to rewrap the ACE, starting from the foot and going up to the knee, to provide light compression and to prevent swelling the first week.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice more than 25% of the bandage has become saturated with drainage.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery milestones:

PT will be 3x per week for the first 2-4 months, but you must do your exercises **DAILY**.

Overview:

- Week 2 – 30 deg flexion in brace when non-weightbearing
- Week 4 – 90 deg flexion in brace when non-weightbearing
- Week 5 – Begin open chain exercises. Brace may be removed for sleep.
- Week 8 – Full ROM in brace when non-weightbearing
- Week 9 – Brace is discontinued completely.
- Week 16 – Return to sport if indicated with functional test

Physical Therapy Protocol

The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit, which should approximately 1 week after the day of surgery.

Physical therapists – please use creativity and add activities within the parameters of ROM and restrictions listed below.

PHASE 1 – 0-2 WEEKS

Goals: Full knee extension, minimize swelling, patellofemoral joint mobility, quad strength 3/5

Precautions: no open chain extension for 4 weeks

- ROM: 0-30 degrees when non-weightbearing
- Brace locked in extension for ambulating. To be worn at all times except for hygiene and exercises.

Exercises:

- Patella mobilization
- Heel slides / wall slides to 30 degrees
- Quad sets
- Straight leg raises – all directions
- Calf pumps
- Hamstring stretches
- Foot and ankle mobility

PHASE 2 – 2-4 WEEKS

Goals: Eliminate swelling, maintain knee extension, knee flexion - 90 degrees, equal hamstring length, quad strength 3+/5

Precautions: No open chain extension for 4 weeks

- ROM: 0-90 degrees when non-weightbearing
- Brace locked in extension for ambulating. To be worn at all times except for hygiene and exercises.

Exercises:

- Quad sets
- Multi-hip
- Bike – rocking limited to 90 degrees
- Elliptical
- Total gym / leg presses to 90 degrees
- Single leg stance
- Leg curls
- Step ups and downs
- Partial squats

PHASE 3 – 4-8 WEEKS

Goals: Full ROM restored, normalize gait, quad strength 4-/5

- ROM: full flexion when non-weightbearing
- Brace locked in extension for ambulating. To be worn at all times except for hygiene and exercises.

Exercises:

- Continue previous exercises, increasing ROM to full
- Bike – full rotation
- Elliptical
- Resistive equipment
- Dynamic balance
- Scar massage
- Gait training

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PHASE 4 – 8-16 WEEKS

Goals: Restore full strength and ROM, begin jogging, sport-specific drills, return to sport

Precautions: Delay return to sport at 16-week mark if operative leg is less than 85% of non-operative leg on functional testing

Exercises:

- Continue previous exercises, increasing resistance
- Bike – full rotation
- Elliptical
- Plyometrics
- Proprioception

PHASE 5 – Month 4 and beyond

- Return to sport if functional testing demonstrates operative leg is 85% of nonoperative