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**REHABILITATION PROTOCOL
QUADRICEPS AND PATELLAR TENDON REPAIR**

The patellar tendon attaches to the tibial tubercle on the front of the tibia (shin bone) just below the front of the knee. It also is attached to the bottom of the patella (knee cap). At the top of the patella, the quadriceps tendon is attached. The quadriceps muscle is the large muscle at the front of the thigh. As the quadriceps muscle contracts (shortens), it pulls on the quadriceps tendon, the patella, the patellar tendon, and the tibia. This moves the knee from a flexed (bent) position to an extended (straight) position.

When the patellar tendon ruptures, the patella loses its anchoring support on the tibia. Without this anchoring effect, the patella tends to move upward (towards the hip) as the quadriceps muscle contracts and you are unable to straighten your knee. After a patellar tendon rupture, if you try to stand up the knee will usually give way and buckle because the knee is no longer able to be held straight.

Similarly, when the quadriceps tendon ruptures, the patella loses its anchoring support in the thigh. Without this anchoring effect the patella tends to move inferiorly (towards the foot). Without the intact quadriceps tendon, the patient is unable to straighten the knee. After a quadriceps tendon rupture, if you try to stand up the knee will also usually buckle and give way because the knee is also not able to be held straight.

This is an injury that often must be treated surgically. Because the tendon is outside the joint it cannot be repaired arthroscopically. Usually the repair is done as either an outpatient or overnight stay. An incision is made on the front of the knee over the tendon. The site of the tendon rupture is identified and the ends of the tendon are sewed together. It is possible that the tendon tore away from the bone. In this circumstance, holes will be drilled in the bone to reattach the tendon.

The risks of surgery include but are not limited to:

- ☐ Infection
- ☐ Knee stiffness
- ☐ Failure of healing
- ☐ Persistent pain or weakness
- ☐ Blood clots
- ☐ Risks of anesthesia

Afterwards a knee immobilizer or hinged knee brace is used to protect the repair. The length of time required to wear the brace is usually a minimum of 6 weeks followed by several weeks of rehabilitation.

Postoperative Instructions

You will wake up in the operating room with a brace in place. You will go to the recovery room at and then either to a private room or home (often on the 3rd floor) after a few hours. You can get out of bed when you wish. You should continue to apply ice to your knee to reduce pain and swelling. If you are admitted overnight you will likely be discharged home on the first postoperative day.

Activities and advice for in the hospital and while at home:

1. Please call with any concerns: (609) 747-9200
2. Apply ice to the knee, as it will be quite helpful. After two days, you can change the dressing to a smaller one to allow the cold to better get to the knee. Be sure to leave the little pieces of tape (steri-strips) in place.
3. After two days it is okay to shower and get the wound wet, but do not soak the wound as you would in a bath tub or hot tub.
4. After knee surgery there is a variable amount of pain and swelling. This will dissipate after several days. Continue to take the pain medicine you were prescribed as needed. Remember it is called pain control, not pain elimination.
5. It is important to look out for signs of infection following surgery. These can include: fever (temperature > 101.50, chills, nausea, vomiting, diarrhea, redness around your incision, or yellow or green drainage from your incision. Should any of these be present please contact Dr. Mc Millan's office immediately.
6. You will have an office visit scheduled approximately 10-14 days after your surgery.