

Jourdan M. Cancienne, M.D.
Sports Medicine
Shoulder, Hip, Knee Arthroscopy
Shoulder Replacement Surgery



**MIDWEST
ORTHOPAEDICS
AT RUSH**

Midwest Orthopaedics at Rush
Joliet Office
963 129th Infantry Dr. Joliet, IL 60435

Midwest Orthopaedics at Rush
Naperville Office
55 Shuman Blvd Suite 700. Naperville,
IL 60563



Liesl Giermann, Secretary
708-492-5964

DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:

Osteochondral Allograft Transplantation

- ❖ Recovery after knee surgery entails controlling swelling and discomfort, healing, return of range-of-motion of the knee joint, regaining strength in the muscles around the knee joint, and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your knee surgery.

 - ❖ **COMFORT**
-
- **Elevation**
 - Elevate your knee and ankle above the level of your heart. The best position is lying down with a pillow under your calf and ankle. Do not place pillows directly under your knee as this allows the knee to rest in a bent position. Maintain the leg straight when resting. This should be done for the first several days after surgery.
 - **Cold Therapy**
 - If you elected to receive the **circulating cooling device**, this can be used continuously for the first 3 days, (while the initial post-op dressing is on). After 3 days, the cooling device should be applied 3 times a day for 20-30 minute intervals.
 - If you elected to receive the **gel wrap**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.
 - If you elected to use **regular ice**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the ice.
 - **Medication**
 - **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
 - You have been provided a narcotic prescription postoperatively. Use this medication sparingly for moderate to severe pain. **Narcotic prescriptions are not refilled.**
 - Over the counter NSAIDs (Advil, Aleve, Ibuprofen) can be used for additional pain relief if needed.
 - Extra strength Tylenol may be used for mild pain.
 - **Anti-coagulation medication:** A medication to prevent post-operative blood clots has been prescribed (Aspirin, Lovenox, etc.) This is the only medication that **MUST** be taken as prescribed until directed to stop by Dr. Cancienne.

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- **Nausea Medication** – Zofran (Odansetron) has been prescribed for nausea. You may take this as needed per the prescription instructions.
- **Constipation Medication** - Colace has been prescribed for constipation. Both your pain medication and the anesthesia can cause constipation. Take this as needed.
- **Driving**
 - You may drive when able if you are not taking narcotic medication.

❖ ACTIVITIES

- **Range-of-Motion** – Maintain knee locked in extension in brace at all times until otherwise instructed
- **Exercises** – These help prevent complications such as blood clotting in your legs. Point and flex your foot and wiggle your toes. Thigh muscle tightening exercises should begin the day of surgery and should be done for 10 to 15 minutes, 3 times a day, for the first few weeks after surgery.
- **Weightbearing** – Use crutches to assist with walking. You are to be non weightbearing on the operative extremity for 6 weeks after surgery.
- **Physical Therapy** – PT is usually started the week of surgery. You should call the physical therapist of your choice for an appointment as soon as possible after surgery. A prescription for physical therapy, along with physical therapy instructions (included in this packet) must be taken to the therapist at your first visit.
- **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, **should be avoided** until allowed by your doctor.
- **Return to Work** – Return to work as soon as possible. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your knees. If you have any questions, please call Dr. Cancienne's team.
- **Brace - Your brace should be worn locked in full extension (day and night) until otherwise instructed.** You may remove the brace once starting physical therapy for exercises done in a non weight bearing position (sitting or lying).

❖ WOUND CARE

- ❖ Bathing - Tub bathing, swimming, and soaking of the knee should be avoided until allowed by your doctor - Usually 6 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
 - On the third day following surgery, you may remove your dressing
 - Black stitches should be covered with waterproof bandages/bandaids and you may shower and pat dry. Replace with a clean, dry dressing, and keep covered otherwise
 - For larger incisions, Steri strips (white strips), should be left in place, these should also be covered and replaced as above
- ❖ If you do not have absorbable sutures, they will be removed 10-14 days following surgery at your first post operative appointment

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❖ EATING

- Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia

❖ CALL YOUR PHYSICIAN IF:

- Pain in your knee persists or worsens in the first few days after surgery.
- Excessive redness or drainage of cloudy or bloody material from the wounds (**Clear red tinted fluid and some mild drainage should be expected**). Drainage of any kind 5 days after surgery should be reported to the doctor.
- You have a temperature elevation greater than 101°
- You have pain, swelling or redness in your calf.
- You have numbness or weakness in your leg or foot.

❖ RETURN TO THE OFFICE

- Your first return to our office should be within the first 1-2 weeks after your surgery. You can find your appointment for this first post-operative visit in the post op instruction folder.

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REHABILITATION PROGRAM: OSTEOCHONDRAL ALLOGRAFT TRANSPLANT

NOTE: The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit.

❖ **PHYSICAL THERAPY ATTENDANCE**

- Phase I (0-6 weeks): 2-3 visit/week
- Phase II (6-8 weeks): 2-3 visits/week
- Phase III (8-12 weeks): 2-3 visits/week
- Phase IV, V (12 weeks – 6 months): Discharge after completion

❖ **PHASE I: Immediately postoperatively through approximately week 6**

- **Weight Bearing:**
 - Non-weight bearing
- **Brace:**
 - 0-1 weeks: locked in full extension (removed for exercises)
 - 2-4 weeks: Gradually open brace in 20° increments as quad control is gained. Discontinue use of brace when quads can control SLR without an extension lag.
- **Range of motion:**
 - Begin at 0-40°, increasing 5-10 ° daily per patient comfort. Patient should gain 100° by week 6.
- **Therapeutic Exercises:**
 - PROM/AAROM to tolerance
 - Patella and tibiofibular joint mobilizations (grade I & II)
 - Quadriceps, hamstring, and gluteal sets
 - Hamstring stretches
 - Hip strengthening
 - SLR

❖ **PHASE II: Postoperative weeks 6 to 8**

- **Weight Bearing:**
 - Progress to FWB
- **Brace:** None
- **Range of motion:**
 - Gradually increased flexion – goal for patient to have 130° of flexion

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- **Therapeutic Exercise:**
 - Scar and patellar mobilizations
 - Quad and hamstring strengthening
 - Stationary bike for range of motion
 - Continue to advance lower extremity strengthening activities
- ❖ **PHASE III: Postoperative week 8 to 12 weeks**
 - **Weight Bearing:**
 - FWB
 - **Brace:** None
 - **Range of motion:**
 - Progress to full and pain-free
 - **Therapeutic Exercise:**
 - Gait training
 - Begin closed chain activities such as wall sits, shuttle, mini-squats, toe raises
 - Begin unilateral stance activities
- ❖ **PHASE IV: Postoperative 12 weeks to 6 months**
 - **Weight Bearing:**
 - Full with normalized gait pattern
 - **Brace:** None
 - **Range of motion:** Full and pain-free
 - **Therapeutic Exercise:**
 - Advance Phase III activities