

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



**MIDWEST  
ORTHOPAEDICS  
AT RUSH**

**Midwest Orthopaedics at Rush**  
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55 Shuman Blvd Suite 700. Naperville,  
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Liesl Giermann, Secretary  
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## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:**

### **Tibial Tubercle Osteotomy with MPFL Reconstruction**

- ❖ 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**
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- **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

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- **Range-of-Motion** – Maintain knee always locked in extension in brace 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 until 6 weeks post op.
- **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.
  - In some circumstances, you may be required to begin physical therapy 1-2 weeks post op. In these cases, you will be informed by Dr. Cancienne and given a prescription for PT.
- **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 (day and night) until otherwise instructed.**

#### ❖ WOUND CARE

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- **Bathing** - Tub bathing, swimming, and soaking of the knee **should be avoided** until allowed by your doctor - Usually 4-6 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
  - You may shower 3 days after surgery with WATERPROOF band-aids. Apply new band-aids after showering.

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- **Dressings** - Remove the dressing 3 days after surgery. Your stitches will be left in until about 10-14 days post-op. You may apply band-aids to the small incisions around your knee.

❖ **EATING**

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- 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:**

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- 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**

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- 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: Tibial Tubercle Osteotomy and MPFL Reconstruction**

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

### ❖ INTRODUCTION

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The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after an arthroscopic meniscus root repair. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

#### **PHASE I (0-6 weeks)**

- Strict Non-weight bearing with crutches
- Brace Locked in extension.
- May remove brace for ROM/hygiene.
- ROM 0 – 90 (Passive, Active Assist)
- Quad sets, ankle pumps
- 2 weeks: Begin floor-based core, hip and glutes work and patellar mobilization.

#### **PHASE II (6-12 weeks)**

- Advance to PWB (25 and then 50%) weeks 6-8
- May advance WBAT after week 8
- Begin Stationary Bike
- Unlock brace, D/C crutches when quad function adequate.
- May wean from brace after 6 wks as tolerated.
- Full unlimited Active/Passive ROM. Advance as tolerated.
- Continue SLR, Quad sets. Advance to light open chain exercises, mini squats.
- Begin hamstring strength week 10.

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**PHASE III (12-16 weeks)**

- Full gait with normalized pattern.
- Full ROM
- Begin elliptical, swimming, and outdoor cycling.
- Progress to balance/Proprioception exercises.

**PHASE IV (16 weeks+)**

- Advance closed chain exercises.
- Maximize single leg dynamic and static balance.
- Glutes/ pelvic stability/core + closed-chain quad program and HEP independent.
- Focus on single leg strength.
- Begin light Plyometric program.
- Emphasize single leg loading

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**PHASE II (4- 6 weeks)**

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**Goals**

- Progress to full active ROM
- Maintain non-weightbearing status

**PHASE III (6-8 weeks)**

**Goals**

- PWB to WBAT with brace unlocked
- D/C brace when quad strength adequate (typically around 6 weeks)
- D/C crutches when gait normalized
- Wall sits to 90 degrees

**PHASE IV (8-12 weeks)**

**Goals**

- WBAT without brace
- Full ROM
- Progress with closed chain exercises
- Lunges from 0-90 degrees
- Leg press 0-90 degrees
- Proprioception exercises
- Begin Stationary Bike

**PHASE V (12-16 weeks)**

**Goals**

- Progress Strengthening exercises
- Single leg strengthening
- Begin jogging and progress to running
- Sports specific exercise