Brian Forsythe, M.D.
Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

Lee DeDore, PA-C, ATC
Sincer Jacob, PA-C
Jessica Morin, ATC
Deanna Cozzi, ATC
Maryellen Gebien
708-236-2782

MIDWEST ORTHOPAEDICS at RUSH

Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523

DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:
Osteochondral Allograft Transplant

- 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 two pillows lengthwise under your entire leg. 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.
      - **You are allowed two (2) refills of your narcotic prescription if necessary.**
      - When refilling pain medication, weaning down to a lower potency or non-narcotic prescription is recommended as soon as possible.
      - Extra strength Tylenol may be used for mild pain.

Brian Forsythe, M.D.
Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

Lee DeDore, PA-C, ATC
Sincer Jacob, PA-C
Jessica Morin, ATC
Deanna Cozzi, ATC
Maryellen Gebien
708-236-2782

MIDWEST ORTHOPAEDICS at RUSH

Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523

- Over the counter anti-inflammatories (Ibuprofen, Aleve, Motrin, etc.) shoulder be **avoided** for the first 4 weeks following surgery.

- **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. Forsythe.
- **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 –** Driving is NOT permitted for six weeks following right knee surgery.

❖ ACTIVITIES

- Elevate the operative leg to chest level whenever possible to decrease swelling
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle
- **Weightbearing** –You are allowed to put partial weight on your operative leg with only your toe touching the ground. Keep your brace locked in a straight position. Walk using two crutches or a walker. You may touch your foot on the floor for balance. Do this within the limits of pain.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

❖ WOUND CARE

- **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 5 days after surgery with WATERPROOF band-aids on. Apply new band-aids after showering.

  Dressings - Remove the dressing 3 days after surgery. Your staples or stitches will be left in until about 1-2 weeks post-op. You may apply band-aids to the small incisions around your knee and cover your larger incision with sterile gauze.

Brian Forsythe, M.D.
Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

Lee DeDore, PA-C, ATC
Sincer Jacob, PA-C
Jessica Morin, ATC
Deanna Cozzi, ATC
Maryellen Gebien
708-236-2782

MIDWEST ORTHOPAEDICS at RUSH

Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523

❖ 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

❖ EXERCISE

- A continuous passive motion machine should have been arranged pre-operatively to be delivered for use beginning on the first post-operative day
- Use the continuous passive motion machine out of the brace for 6-8 hours per day in 2 hour increments – begin at a rate of 1 cycle/minute, ranging from 0° of extension (straightening) to 40° of flexion (bending) – increase flexion by 5-10° (stay within a comfortable level) daily to a maximum of 90°
- Begin exercises 24 hours after surgery (straight leg raises, quad sets, and ankle pumps) unless otherwise instructed
- Discomfort and knee stiffness is normal for a few days following surgery
- Complete exercises 3-4 times daily until your first post-operative visit
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon)
- Formal physical therapy (PT) will begin after your first post-operative visit

❖ 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.

Brian Forsythe, M.D.
Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

Lee DeDore, PA-C, ATC
Sincer Jacob, PA-C
Jessica Morin, ATC
Deanna Cozzi, ATC
Maryellen Gebien
708-236-2782

MIDWEST ORTHOPAEDICS at RUSH

Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523

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): 1-2 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 CPM and exercises)
    - 2-4 weeks: Gradually open brace in 20^{o} increments as quad control is gained. Discontinue use of brace when quads can control SLR without an extension lag.
  - **Range of motion:**
    - CPM: Use for 6-8 hours per day. Begin at 0-40^{o}, increasing 5-10 ^{o} daily per patient comfort. Patient should gain 100^{o} 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:**
    - Partial weight-bearing (25%)
  - **Brace:** None
  - **Range of motion:**

Brian Forsythe, M.D.
Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

Lee DeDore, PA-C, ATC
Sincer Jacob, PA-C
Jessica Morin, ATC
Deanna Cozzi, ATC
Maryellen Gebien
708-236-2782

MIDWEST ORTHOPAEDICS at RUSH

Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523

- Gradually increased flexion – goal for patient to have 130^{o} of flexion

- **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:**
  - Gradually return to full weight bearing
- **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